VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12762

CERTIFICATE OF DEATH

12734 Reg. Dist. No.

			14.0 Mr. 0	7101. 710.	
i. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Who o. STATE		b. COUNTY .	Geor	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If o				***
Cheverly 1 Hr	5602	Bladens	מינור		33
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	7748.461105	ZWIE	0.	IS RESIDENCE ON A FARM?
Prince George General Hospital	5003	Quincy	Street		YES NO
3. NAME OF DECEASED (Type or print) Norman Franklin	Alson	4. DATE OF DEATH	Month Dec	Day	Yeor 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, A	GE (In years IF UNDE	R 1 YEAR IF	UNDER 24 HRS.
Male White WIDOWED DIVORCED	20 June 188	87	69 yrs. Months	Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	JSTRY 11 VIRTHPLACE (Stole	or foreign country	r) 12. C	TIZEN OF	WHAT COUNTRY?
me week Aut down I'm	m. Wash.	DC	. U	X.	, a
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	٨		
Thomas & Whore,	anna M.	Hal	ler e	.0.1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. OCIAL SECURITY NO. 17. (Yasano, or unknown) 111 yes, give wor or dates of service)	INFORMANT		O Address V	repri	
No - Unk. I	ena S. Ul	50/2.	Same (te as	: 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		A			VAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	uary pc	c Case	2004	ONSE	AND DEATH
LL 20 O DUE TO	. / ,	1 1			
Conditions, if any, which) (b) It when ov	clerofie 1	hear	desease		
gave rise to immediate couse (a), stating the under DUE TO					
lying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN PA	RT 1(o) 19.	WAS AUTOPSY
NA THE STATE OF TH				1	PERFORMED?
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in P	Port I or Port II of	ilem 18.)		,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F. White Not while of work of work	LACE OF INJURY (Home, form, actory, street, office bldg., atc.	, 20f. (City or to	own)	(County)	(Stale)
21. I certify that I attended the deceased from SCE SU	1056 to 6	rosh		Inch enu	the decrees
	h occurred at 205 A	ZAA from the	e causes and on	the date	the deceased
h h		ADDRESS (Street,	city or town, state),	the date	DATE SIGNED
SIGNATURE I'L JU JUM CUM	M.O. 73/4	Calle	An AHL	1alt	or le
PHYSICIAN'S TIM BEYFRYMON	·	·	/		
220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY	OR CREMATORY	22d, LOCATION	(City, town, or county)	1	(State)
23. FUNERAL DIRECTOR'S SIGNATURE HADDRESS HADDRESS	mc 5	D BY REGISTRAR	246. REGISTRAR'S S	IGNATURE	

CERTIFICATE OF DIATH

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BUREAU V. S.

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12735
cremation,	Reg. Dist. No. 1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. STATE Maryland b. county ince George's
MX	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Jefferson Heights Length of STAY in 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson Heights, Md. ×
Co	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6438 H Street., 6438 H Street,
	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF DEATH December 17, 19 56
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. B. DATE OF BIRTH male colored widowed Divorced Nov 13, 1956 9. AGE (In years of birthday) Months Days Hours Min.
1	10g. USUAL OCCUPATION (Give kind of work done of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cheverly, Maryland USA
1	13. FATHER'S NAME Alfred Arnett Henrietta Belt
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dofus of service) no no no 16. SOCIAL SECURITY NO. 17. INFORMANT Alfred Arnett offerson Heights, Md.
	PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions. if ony, which gove rise to immediate couse [a), stoting the underlying cause lost. DUE TO [c] ONSET AND DEATH Toxemia DUE TO [b] Bronchopneumonia and suppurative office media.
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.
	20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY About a. m. P. m. 20d. INJURY OCCURRED While Not while at wark a
Joval.	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE
SYSTEM OF STREET	220 EURIAL CREMATION, REMOVAL (Specify) 12-19-56 22c. NAME OF CEMETERY OR CREMATORY 12-19-56

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BUREAU V. S.

DEC 30 1320

dan J. Please, D.D.

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offer death. Page 4

CERTIFICATE OF DEATH

Reg. Dist. No.

		PLACE OF DEATH O SOUNTY PRINCE (PEORGE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived p. STATE	. If institution: Residence before admission) b. COUNTY PRINCE FROREL
X		b. CITY OR TOWN (If outside carporate limits, write—RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lie BRANDY WINE	
	-	DRANDYWIND d. NAME OF HOSPITAL (If not in hospital, give street OR JUSTIFICATION OF HOSPITAL (If not in hospital, give street)	oddress)	d. STREET ADDRESS ON ROUTE	e. IS RESIDENCE ON A FARM? YES AND
		NAME OF DECEASED (Type or print) RERNA	PRO F.	BARNES 4. DATE OF DEATH	Dec. 1774 1956
	5. 5	MALR GOVER OR RACE 7. MAR WHITE WIDOW		B. DATE OF BIRTH 1876 9. AG	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
1-	10a	a. USUAL OCCUPATION (Give kind af wark dane) Porting most of warking life wen if retired) ETIRED TRUMBER	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stale or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
1	13.	GRORGE BARI	VES	14. MOTHER'S MAIDEN NAME MARGARET	CARROLL
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no, or anknown) [If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT BARNES.	4406-2NDST-NE WASH D.C
3		18. CAUSE OF DEATH [Enter anly one cause per I PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cover (a), stating the under	ine for (a). (b), and (c).] Myo Eardish Hyperles	en Conly Voralle D	INTERVAL BETWEEN ONSET AND DEATH
0	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 ar Part II af	item 18.)
	MEDICAL	Hour a. m. While	f -	ACE OF INJURY (Home, farm, 20f, (City or to ctary, street, office bldg., etc.)	wn) (Caunty) (State)
1		21. I certify that I attended the decear of the on 12-17 - 18. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard H	~	occurred ot 3:15 P. M. from the ADDRESS (Street, of Brus Lymn	touses and on the date stated above. DATE SIGNED manylund
	1	BURIAL SPENDING ZED. DATE THEREOF	Mr. OLIVE	WA	(City, town, or county) D. (State)
	23.	emirle tanlow -	3831-GA-H	240. REC'D BY REGISTRAR PURE N. W. DATE	246, REGISTRAR'S SIGNATURE

may be retailed by the hospital or ottending physician.

TO FUNERAL BARCTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, VS A15 (4) 15M 9/55

BUREAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECEIVED

VS A15 (4) 15M 9/SS Mi.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12826 CERTIFICATE OF DEATH

Reg. Dist. No. 12741

	1. PLACE OF DEATH 6. COUNTY	o Georges	3 1	MAI	TLAND		e (Where dec	eased lived If institu	tioni Resident Y TS no g	e before a	dmission)		
ľ	b. CITY OR TOWN (II RURAL and give ne	outside corporate lim arest town)		c. LENGTH OF STA									
L	1 Tilo			23 yrs		1.07	lor						
		AL (If not in hospital, i		address)		d street addre		laden Ros	J)	e 15 C YE	S PESIDENCE ON A FARM?		
F	3. NAME OF	Fii	rst	Midd	le	Lost	4. D/	ATE Ma	n th	Dov	Year		
	(Type or print)	Jame	[†] 3	Ashir	ry	Bond	OF DE	ATH DECE		4	1956.		
-	5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARI	RIED B	DATE OF BIRTH		9 AGE (In years			JNDER 24 HRS		
	1.070	White	WIDOW			July 12,			Months	Days Ho	ours Min.		
Т	10a USUAL OCCUPATIO	IN (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUST	Y 11 BIRTHPLACE (Stote or forei	gn country)	12. CITI	ZEN OF W	HAT COUNTRY?		
ł	Topoco	ing life, even if retired	′ ¹	Penent		Maryl	gna		71	. S.	2		
V	3 FATHER'S NAME					14 MOTHER'S MAIL							
l	Manaalla	s Pond				Mania							
Τ	IS WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. INF	ORMANT		Adi	dress				
ı	. 0	it yet granial or outside or i			irs	. Archie	Errac	Ner	lor,	, c m **	7 5 35		
F		TH [Enter only one co	use per l	ne for (o), (b), and (c	3.1						L BETWEEN		
ı		TH WAS CAUSED BY:		gumi	ه * - ث					ONSET	AND DEATH		
ı	4421	DUE TO								-	04-17		
ı	* (Conditions, if ony, which) (b) Cardio Vasculus Reval Decree year									care		
ı	gove rise to in	nmediate (CENTRAL VILL	, carrie	- 0000000							
ı	tying couse lost.	he under-	,	0 700 mm.	Quant	-				- 0	men		
ı		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY											
	PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY								YEAR IIN I ARI	PI	ERFORMED?		
l	OR CONTRIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injui	y in Port I or	Port II of item 18 }					
П	S 20c. TIME OF INJUR	Month, Doy, Ye	or 20d. I	NJURY OCCURRED	20e PLAC	E OF INJURY (Home,	form, 20f	(City or town)	IC.	ounty)	(Stote)		
ı	20c. TIME OF INJURY Hour o. m.	19	While of wor	k ot wark	facto	ry, street, office bldg	, etc.)		,,,	,	(5.5.4)		
1	21. I certify the	at I attended the	deceas	ed fram. [3-1		, 19 56, ta	1.2	- 4 195	Z,that I I	ast saw i	the deceased		
	alive an 12	-4	12_	57 , and the	it death o	ccurred at 3.4	-5CM,	fram the causes	and an th	e date s	tated abave.		
1			~				ADDRES	is (Street, city or town	, stole)		DATE SIGNED		
1	SIGNATURE	Then to	1	e freem	M.	o. <u>05</u> 0	molu	my	mo	12/	4/56:		
	PHYSICIAN'S T NAME (Type)	Richard I	. Do	obson, L.	D.	lra	I mgi n	V					
	REMOVAL (Specify)	1 , ,		22c. NAME OF CEA		CREMATORY	22d. Lo	OCATION (City, town,	or county)		(Stote)		
1	n sunsan pression		56		uls I	Comotery		aden			20		
1	B. FUNERAL DIRECTORS	S SIGNATURE	.)pa	ADDRESS . '. a kij p.o.	na, ,	240.		GISTRAR 24b. EO	ISTRAR'S SIG	MATUREL			
E						DAIL	- Br						

Sea 7 -

25

12742

IS RESIDENCE ON A FARM? YES T NO T

Reg. Dist. No.

Prince George

Day Yeor Dec 1956 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES A NO (County) (Stote) ., 1956, that I last saw the deceased and that death occurred at 7:40 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED CEMETERY OR CHEMATO 22d. LOCATION (City, town, or county) (Stote) 240. REC'D W REGISTRAR 246 REGISTRAR'S SIGNATURE DATE

Joy be re FUNER/ agod 0 VS A15 (4) 15M 9/55

220 BURIAL, CREMATION, 226. DATE THEREOF

REMOVALISPECTY

23. FUNERAL DIRECTOR'S SIGNATURE



-3		MARYLAND STATE DEPARTMEN	IT OF HEALTH—BALTIMO E OF DEATH	1279
77	_	12767 CERTIFICATI	C OL DEVIL	Reg. Dist. No.
	1. P	COUNTY	USUAL RESIDENCE (Where deceased lived, o STATE	If institution- Residence before admission)
		Prince Georges.	MARYIAND	FRINCE George
[a	t	p. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WCCICS	c. CITY OR TOWN (If outside corporate limi	•
153	r	Mirerdale	College Parke Mar	
_		1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM
-		egenc Leland Memorial Hospital	4333 Rowalt Driv	
	I	NAME OF DECEASED Type or print) Rudu We Nde//	Boy ev. SR DEATH	Month Day Year
	5. S		ATE OF BUSTH 17. AUE	In years IF UNDER 1 YEAR IF UNDER 24 I
	1	MAR WIDOWED DIVORCED	3-12-1295 6	oirthday) Months Days Hours Mi
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COU
- / [SA/RSMAN SCII	MAYGLAND	1 715h
	13.	FATHER'S NAME	. MOTHER'S MAIDEN NAME	
	6	pael Edward Boyer	Elizabeth al	AME WAY Beld
. [15. (Yer		RMANT	Address David
/ [yes V III yes, ave well or defeat of service) \$\int 578 05 0352 \text{Mr}	s Minnie C. Boyer	College Park, Md.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	50/11 D 8 E	INTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDIAC	PAILURE	
		420.1 DUE TO MYOCARD	AL INFARCTLO	2 Wx
		gave rise to immediate	THE THE TELL	~ - c
		cause (a), stating the under-		
	Ż	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	F PELATED TO THE TERMINAL DISEASE COND	TION CIVEN IN BAST VALUE WAS ALITO
	CATION	PITUITARY		PERFORMED YES NO
	IFIC			
	CERTIFI	20g ACCIDENT WAS UNDERLYING DATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		·
		20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town) (County) (S
	MEDICAL	Hour a. js. While Not while foctory.	street, office bldg., etc.)	
	<	21. I certify that I attended the deceased from 10.5	1956, to 12.4	10.5% about 1 lest service des
		I To territy , man 1 discissed the deceased from		, 19 <u>>2</u> ,that I last saw the decidences and on the date stated a
				cuuses and on the date stated a
			ADDRESS (Street, city	
ž,		ACTUAL () + TOURING ACCORD		
ž ė		ACTUAL C.) Hourson M.D.	ADDRESS (Street, city	or town, stote) DATE S 12 - 4
\$ }		ACTUAL () + TOURING ACCORD		or town, state) DATE SI 12 - V
į į		ACTUAL SIGNATURE	4444 QUEENSB	y or town, stote) DATE SI 12 - Y URY RD RIJERD ty, town, or county) (Stote)
į į	220	ACTUAL C. J. HOUMANN PHYSICIAN'S NAME (Type) C. J. HOUMANN	4444 QUEENSB	y or town, stote) DATE SI 12 · Y URY RD RIJERD by, town, or county) (Stote)
i i	220	ACTUAL SIGNATURE	ADDRESS (Street, cin 4404 QUEENS B EMATORY 22d. LOCATION (CI LETY LEMPTON	y or town, store) DATE SI 12 · Y URY RD RIJERD Tr, town, or county) (Store)

The state of

CERTIFICATE OF DEATH Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) PLACE OF DEATH COUNTY, 6. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, fire RURA and give nearest town) RURAL and give nearest town) 70 d NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? At home E YES X NO F 3. NAME OF Middle DATE Month Year DECEASED OF DEATH (Type or print) 1936 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months DIVORCED [WIDOWED 2 yrs 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 5 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN physici move ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 8 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) an DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO casse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 19. WAS AUTOPSY PERFORMED? 0 YES NO PA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while at work T at work p. m. 21. I certify that I attended the deceased from Co 19 Lingt I last saw the deceased and that death accurred at 5:45 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL**SIGNATURE PHYSICIAN'S NAME (Type) FUNE DATE THEREOF 220 BUR AL, CREMATION 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR T 26 REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &

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DECEIVED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ion,	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12746 Reg. Dist. No.
Степо		PLACE OF DEATH O. COUNTY O. STATE Was large of COUNTY
buriel,	13	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) on the nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
prior io		d. NAME OF HOSPITA OR INSTITUTION (IF norm hospital, give year address) d. STREET ADDRESS ON A FARM? ON A FARM? VES IN O
gisto.		NAME OF DECEASED (Type or print)
	5.7	SEX 6. COLOR OR MCE 7. MARRIED REVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lent birthday) Magrits Date Hours Min.
(10a	J. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. (Yes	WAS DECEASED EYER N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (6) DUE TO
		Conditions, if any, which (b)
		(c), stoting the underlying DUE TO couse lost.
٦	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES 1 NO 1
	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUT
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a, m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20d. INJURY (Home, form, 19 20f (City or town) (County) (State)
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
<u>.</u> ⊃		ACTUAL SIGNATURE
ovor a		EXAMINER'S LAMES L. BOYD DEPUTY MEDICAL EXAMINER & LECIL 1956
or removo	240	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23.	FUNERAL D RECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR'S SIGNATURE
IE(S)		DATE

BUREAU V. S.

DECEINE 1956

12747

CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the fluid copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death. The bottom copy may be retained by the hospital or attending physician.

Jin 24 hours after death.

certificate be executed y

NSTRUCTIONS

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY PRINCE GEARGE MARYLAND	STATE MD COUNTY P.C.
	CTY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and give mearest town) (in this place)	OR TOWN
	Contract to the	- Accession - Company
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STRET (If rural give location) ADDRESS
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
	(Type or Print) MARGARET ANN B.	ROWN DEATH DEC. 151 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	
1	10a. USUAL OCCUPATION Give kind of work done during most of working life, even # OR INDUSTRY retired)	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A MRRY LAND
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE BROWN	ELEANOR DOUGLAS.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) [If Yes, give wer or datas of service]	mother Elean Douglas oguan
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION UNTERVAL BETWEEN
	A DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	MMEDIATE CAUSE (A)	
	ANTECEDENT CAUSE(S) DUE TO 17	ref-
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST, DUE TO	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSX?
		YES NO
	216. ACCIDENT WAS UNDERLYING [] 216. PLACE [Home, form, fectory, OR CONTRIBUTING-[] CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while I work at work	1F. HOW DID INJURY OCCUR?
>	22. I hereby certify that I attended the deceased from 1.2-/8/	19 16 that I last saw the deceased
3	alive on, 19.V, and that death occurred at	
5	The hall he had	ADDRESS (Street, city, town, stete) DATE SIGNED
5.55	M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	Treated was 1411/16
A15C 1-55 10M	REMOVAL (SPECIFY)	REMATORY LOCATION (City, town, or county) (State)
	24 DECED BY DECISED AD A DECISED ADS SIGNATURE . 37. 1/16-24	2 Level leven.
٧\$	24. REC'D BY REGISTRAR T REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
R'	DATE I A Aldroch	Hynth General Horse Wilde J. M.
	1100307XV3	

BUREAU V. E.

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RULLAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12768

CERTIFICATE OF DEATH

12749

<u> </u>								Reg	. Dist. No.	
	PLACE OF DEATH	000	- (0/150		2. USUAL RESIDENCE (W	here deceased liv	ed. If institution: Res	idence before	admission)
		PRINC		مرسي	YLAND	Ma.			R. GE	=0
	RURAL and give	(If outside corporate I	imits, write c.	LENGTH OF STAY	15.	c. CITY OR TOWN (If	outside corporate	limits, write RURAL	and give neare	st town)
_	1710	ERVAL		1 44	<i>y J</i> .	1474	1150	ILLE		
	OF INSTITUTION	14608 (DUEEN	VSBURY	, Ra	H223	NICH	OLSON	ST	IS RESIDENCE ON A FARM? YES NO D
	NAME OF DECEASED (Type or print)	LEILI	First P	ERTH		BUNAKER	4. DATE OF DEATH	DEC	Day Z-1	Yeor 19 5 6
5. :	SEX =	6. COLOR OR RAC	7. MARRIED	NEVER MARR		DATE OF BIRTH	1906	AGE (In years left UN lost bigthday) Mont		UNDER 24 HRS Hours Min.
10a	during most of wo	ION (Give kind of working life, even if retire	rk done 10b. KIN ed)	D OF BUSINESS O	OR INDUST	RY 11. BIRTHPLACE (SIGN	or foreign count	INA 12	CITIZEN OF	WHAT COUNTRY
13.	FATHER'S NAME	10415	ON/			14 MOTHER'S MAIDEN	NAME / F	- NCC	AS KI	//
15 Ye	WAS DECEASED EV	YER IN U. S ARMED F		IAL SECURITY NO). 17. IN	ORMANT WI	SE(SIS	Address R	VERD	AIF N
		EATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE		or (o), (b), and (c)	FST	IVE HE	ART	FAILUR	INTER	AND DEATH
	Conditions, if gove rise to couse (a), stating lying couse tast	any, which immediate DUE	10) CHT	RONIC	Lyn	IPHATIC .	LEUKE	HA	5	YEARS
CERTIFICATION	PART II. O	THER SIGNIFICANT CO	ONDITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	HNAL DISEASE CO	ONDITION GIVEN IN		WAS AUTOPSY PERFORMED? ES NO
	OR CONTRIBUTION	AS UNDERLYING DEAT G D CAUSE OF DEAT Y MEDICAL EXAMINER	HI	E HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Port II (of item 18.)		
MEDICAL	20c. TIME OF INJU How o. r. p. m.	10	1 _{While}	Not white of work		E OF INJURY (Home, fare ry, street, office bidg., en		fown)	(County)	(State)
	21. I certify talive on	that I attended the EC 21	ne deceased,		death of	, 1957 to Z occurred at 3:20 6.4300 Kay	AM, from the ADDRESS (Street WOOD I	ne couses and a		the deceased stated above DATE SIGNED
	PHYSICIAN'S NAME (Type)	SAMUE	L J,	N. SU	GD	R MD.		Miles and the self such self and and after after upon use title such		
	BURIAL, CREMATH	义 12-24	FOF 22	T. NAME OF CEM	STERY OR-	En Compto	22d LOCATION	City, Jown, or coun	urdi	(State) med
23.	FUNERAL DIRECTO	r's signature Chamb	ero Co	ADDRESS	rend	ale Holle	D REGISTRAR	24b. REGISTRAR	SIGNATURE	1

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MEGETALEN 1946

12752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) a. COUNTY L b. COUNTY Y o. STATE AND MARYLAND b. CITY OF TOWN III ou C LENGTH OF STAY IN 16 c. CITY OR TOWN (If curside corporate limits, write RURAL and give negrest abwn) d. NAME OF HOSPITAL in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P NAME OF DATE Month Day DECEASED 195 (Type or print) DEATH 9. AGE (In years IF UNDER TYEAR 15 UNDER 24 HRS COLOR OF RACE MARRIED | MEVER MARRIED | 8. DATE OF BIRTH Months Min. Dova Haurs WIDOWED 10 DIVORCED [7] YES. 10a, USUAL OCCUPATION (Give kind of work dane) 10b, KIND OF BUSINESS OR INDUSTRY BURTHPLACE (Slote or foreign country 12. CITIZEN OF WHAT COUNTRY? during host all warking life, such if retire 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address 70 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 15 nx Conditions, if ony, which gave rise la immediate cause **DUE TO** (a), stating the underlying couse last. PART 11. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19 WAS AUTOPSY PERFORMED? NO 📮 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part 1) of item 18.) PRIMARY OF CONTR.BUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) (County) factory, street, affice bidg., etc.) Hour o. m. Nat while, MED White at wark of work p. m. 21. I certify that I took charge of the remains described abave, held an Autopsy , Inspection W. Inquiry and find that death resulted from: Notural causes D. Accident Suicide . Hamicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER T 220. BURIAL, CREMATION, 225. DATE THEREOF MAME OF CEMETERY OR CREMATORY 22d LOCATION (City/Town, or count REMOVAL (Specify) 23. FUNERAL DIRECTOPS SIGNATURE 240, REC'D BY REGISTRAR 246 REGESTRAR'S SIGNATURE

DIRECTOR:

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME(5) 5M 9755 虾

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	1
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg.	Dist. No.

1	2	7	5	4	
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	LACE OF DEATH	ce Georges	13	MARYLAND	2. USUAL RESIDENC	E [Where deced	sed lived. If institution b. COUN		ce before admi	ssion)	
b.	CITY OR TOWN III	outside corporate kmits, writi-	RURAL	C. LENGTH OF STAY IN 16	1		rporate limits, writ	RURAL and	g've negrest to	wn)	
	Chever			h hours	903 O. Street, N.W. Washington,						
d			f not in he	ospital, give street address)	d. STREET ADDRES			<u> </u>	e, IS RE	SIDENCE	
	Prince G	eorges Gen	eral	Hospital Hospital						A FARM?	
3. N	IAME OF	Fir	nt .	Middle	Lost	4. DATE	Mon	th	Day Y	ear	
	Type or print)	Charles		Chan	dler	DEATH		mber 2	0, 1	9 56	
5. SI	EX	6. COLOR OR RACE	7. MARR	NED 🔟 NEVER MARRIED 🔲 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDER 1		ER 24 HRS.	
3	iale	col.	WIDOWI	ED DIVORCED	May 2,	1924	32 yrs.		Pays Hours	Min.	
10a.	USUAL OCCUPATIO	N (Give kind of work g life, even if retired)	done 10b.	KIND OF BUSINESS OR INDUST	RY 11, SIRTHPLACE (S	Nate or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY?	
01	Gardene			Landscaping	8. Carol	lina			U.S.A.		
13.	FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME					
	James C	handler, S	r.			Lydia	Harris				
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17. H	VFORMANT	_	Addres			700 000	
					James Cha	ancler,	512 F. S	ite, Ne	E. Wast	i. D.C.	
	18. CAUSE OF DEAT	H [Enter only one cau	ve per line						INTERVAL BETWE	EN	
	PART I. DEAT	H WAS CAUSED BY:		Hemorrhage a	nd shock						
	816×	DUE TO									
	Conditions, if an			Laceration o	f liver						
	gave rise to immed	iate couse									
Н	couse lost.	(c)		Automobile a	ccident						
Z	PART II. OTH			ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TI	ERM NALDISEAS	SE CONDITION GI	VEN IN PART	1(a) 19, WAS	AUTOPSY	
FICATION			-							RMED?	
5	20g. EXTERNAL CALL	SE WAS 20	h DESCRI	BE HOW INJURY OCCURRED. (E	nter nature of injury in	Part Los Part I	L of stem 18 t			140 []	
CERT	20g. EXTERNAL CAU PRIMARY IS or CON CAUSE OF DEATH.										
1 "	20c. TIME OF INJUR			INJURY OCCURRED 200, PLA	collision 1			Caur	-1-1	(Slate)	
MEDICAL	Hour a m.		WHI	le Not while fact	Street, office bldg.	, etc.)			7.	* *	
1 " 1	6.00 -8-	12-20-5619					ltsville,			id.	
				remains described abo					🔼, and I	find that	
	death resulted	from: Natural	causes	🔲, Accident 🔟, Svi	cide 🔲, Homic	ide 🔲, U	Indetermined	cause 🔲.			
	0	1 - 0		1 -					0.470.0	MALLED.	
	ACTUAL	Thras - Y	1 0	laner /	M.D. CHIEF MEDICA	AL EXAMINER			DATE S	IGNED	
					ASSISTANT ME	DICAL EXAMIN	ER 🗍				
	EXAMINER'S NAME (Type)	John T. Mal	VS00	M.D.	DEPUTY MEDIC	CAL EXAMINER	II 12	2-20-56			
22a.	BURIAL CREMATIO			22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	ATION (City, Jown,	or county)	(State	1)	
E	REMOVAL (Specify)	12/26/56	1	Arlington Nat.	Cemetery	Arl	ington, V	/irgini	a		
23,3	UNERAL DIRECTOR	S CHOTO PLANE	-	ADDRESS		REC'D BY REGIS		ISTRAR'S SIG			
K	Lew ,	Leuns	6:	30 H Street, N.	E. DATE	DEC 26 3	6 1		1		
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. 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	12839 CERTIFICATE OF DEATH Reg. Dist. No.	6
Pom 4	1 PLACE OF DEATH a. COUNTY B. INDER SIGNED AMARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution, Residence before admission of STATE TO RELIDENCE (Where deceased lived if institution).)
death death	b CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hillarest, Hebts.	0.0.
offer offer	d. NAME OF HOSPITAL (If not in hospital, give street address) or institution 2505 uxen run Licitie (home) 3505 0XON RUN DRIVE YES D	
124 have	3 NAME OF DECEASED First Middle / Lost 4. DATE Month Day Yea	5-6
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR	
execute of camp in paper death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO	DUNTRY
cian ar	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WARTED TEMPLEMENT	
ng phys remay 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Year no. or unknown) (II yes, give wor or dates of service) Address Address Address Address	lans
ortendi in pleas t within	18. CAUSE OF DEATH [Enter only one couse per fine for (a). (b). and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C72Guyline (C72Guyline (C72Guyline	/EEN EATH
that the sit. The sy even	Condisions, if any, which) the interview the state of the same le sa	7
requires an. 1 signed sil pern	gave rise to immediate cause (a), stoling the under lying couse last. (c)	
physicinos beer rial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORISED OF ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING 201 CONTRIBUTING 202 CONTRIBUTING 203 ACCIDENT WAS UNDERLYING 204 IN PART 1(a) 19. WAS AUTHORISED OF DEATH 205 OR CONTRIBUTING 206 CONTRIBUTING 207 CONTRIBUTING 208 CONTRIBUTING 208 CONTRIBUTING 208 CONTRIBUTING 208 CONTRIBUTING 208 CONTRIBUTING 208 CONTRIBUTING 209 CONTRIBUTING 200 CONTRIBUTING 200 CONTRIBUTING 200 CONTRIBUTING 200 CONTRIBUTING 200 CON	IED?
ficate the business.		
THYTIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And while Not while at work at work at work at work.	(State)
NDINE e hospit i: After sched fa	21. I certify that l'attended the deceased fram, 1946, to 166, to 1956, that I last saw the decay alive on 1856, and that death accurred at 958 M, from the causes and an the date stated	
CTOR HT	the state of the s	SIGNED
FAL Paul Fran	PHYSICIAN'S WARREN B. BURCH 208 MO. AVEN. E	
O HOSPI moy be of FUNER page 3 s	22d. BURDAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Joyn, at county) (State)	
YS A15 (4) 1 9/55	23. FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS 300 - 4 240. REGISTRAR'S SIGNATURE 1. WILLIAM LEES Sony G. Sty E DATE C 1 4 1956 Q. A. A. A. A.	1.
	De	10

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BUREAU V. B.

DEC 19 1956

Finley A. S.

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	MARYLAND STATE DEPARTA	MENT OF HEALTH-BALTIMORE, 18
£	12753 CERTIFIC	ATE OF DEATH Reg. Dist. No. 245
ld be filed wi	Prince Georges County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Prince Georges
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest flown) / Hyattsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Hyattsville
4 3	d. NAME OF HOSPITAL (If not in hospital, give street address) 5303 Chesapeake Street	d. street address 5303 Chesapeake Street on a Farm? YES NO PA
	3 NAME OF DECEASED (Type or print) Roll And Hampton	OF DEATH OLD 26
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 28,1915 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired) Auto Mechanic Loving Chevro	
1	13. FATHER'S NAME S.C. Cooks	14. MOTHER'S MAIDEN NAME Bertha Oliff
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [fee, no, or unknown] [If yes, give wor or detex of service]	Ellen F. Cooke- 5303 Chesapeake Stree
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Olip with melastares interval between onsei and death
	Canditians, if any, which) (b)	
	gave rise to immediate costs (a), stating the under-tying couse last.	
2	CATIO	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port 8 or Port 18 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I While Not while at work of wo	PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) octory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from	17, 1956, to See 26, 1956, that I last saw the deceased th accurred at 959M, from the causes and an the date stated above.
	ACTUAL Represent L. Was Oth	ADDRESS (Street, city'or town, state) DATE SIGNED ADDRESS (Street, city'or town, state)
/	PHYSICIAN'S Richard L. Whelton	Sed Comments
	220. BUPIAL CREMATION, 226. DATE THEREOF PL. NAME OF CEMETERY Pt. Lincoln	
	The S.H. Hines Co. 2901 14th St., No. 1 Washington 9.D.	W. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE WAR 291956 WAS A SOLVENED
		(wylings

BUEFAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

CIT OR TOWN (It autside corporate limits, write i	KUKAL and give	negrest town)
Wildercroft-Lanham		-4
STREET ADDRESS		e. IS RESIDENCE ON A FARM?
6508 Auburn Avenue		YES NO I
Lost 4. DATE Month December	er 23,	1956
OF BIRTH 9. AGE (In years ign birthday)		IF UNDER 24 HRS.
y 9, 1886 60 yr.	Months Days	Hours Min.
BIRTHPLACE (State or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
District of Columbia	2	
NOTHER'S MAIDEN NAME		
Anna Eller		
AANT Address		
ent Cosimano; Same addre	85 8	
	INTE	ERVAL BETWEEN
heart failure	011.	EL MID DOM
enal disease		
LATED TO THE TERMINALD SEASE CONDIT ON GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
ature of injury in Part I or Part II of Item 18.)		
INJURY (Home, farm, 20f. (City or town) eet, affice bldg., etc.)	(Caunty)	(State)
reld an Autopay Inspection	Inquiry 🔀	, and find that
, Hamicide . Undetermined co		•
CHIEF MEDICAL EXAMINER		DATE SIGNED
ASSISTANT MEDICAL EXAMINER		
DEPUTY MEDICAL EXAMINER DECE	mber 23,	1956
ATORY 22d. LOCATION (City, fawn, or	r county)	(State)
emetory Colmor Land	r, Md.	
	IRAR'S SIGNATU	e nystelly
4-		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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0 NO. DIRECTOR FUNERAL | 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12764 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY b. COUNTY Prince Georges Pr. Geo. MARYLAND b. CITY OR TOWN III outside comorate finite, write BURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) and give neatest town) Lincoln Park-- Lanham 16 months Lincoln Park- Lanham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS n. IS RES DENCE ON A FARM? Box 351 Route 1. Box 354 YES NO A NAME OF Middle DATE Month Dav Year DECEASED 18. 1956 19 (Type or print) Bavis DEATH December Gladys 9. AGE In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IELNDER TYFAR IF UNDER 24 HRS. Months WIDOWED [DIVORCED [7] March 15. Female Col. YIN. 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. S. Carolina Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dora Barker Caesar Hay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Andrew Hay, 2527-22nd St., N.E. Washington, D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (o) 176,0 DUE TO Hanging Conditions, if ony, which ! gove rise to immediate course **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) CAUSE OF DEATH. Hanging 20d. INJURY OCCURRED | 20s PLACE OF INJURY (Home, form, 120f. (City or fown) 20r TIME OF INJURY Month, Day, Year (Stote) (County) factory, street, office bldg , etc.) Not while 12-18-56 P of work at work Lincoln Park, Prince Geo. Md. Home 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection A, Inquiry A, and find that death resulted from: Natural causes ... Accident XI. Suicide ... Homicide . Undetermined cause DATE SIGNIS CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S December 18, 1956 NAME (Type) John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER BURIAL CREMATION, 226. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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		MARYL See:	AND 3	TATE DEPARTA	ATE OF DEAT	H—BALTIN	10RE, 18	12	765	
-		197	77	CERTIFIC	ATE OF DEATI	H	R	eg. Dist. No.		
	o. COUNTY	rince George	*-	MARYLAND	2. USUAL RESIDENCE (W	~ .	6 COUNTY	Residence befor		
28	RURAL and giv	N (If outside corporate limits re nearest fown)	, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	Marlboro	imils, write RURA			
17		SPITAL (If not in hospital, given ON George General		dress)	d. STREET ADDRESS				e. IS RESIDEN ON A FAR YES N	
	3 NAME OF DECEASED (Type or print)	Franci		Middle	loss Dent Jr	4. DATE OF DEATH	Month Dec	Do		
	s sex Male	6. COLOR OR RACE		D NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. A	GE (In years IF	UNDER I YEAR anths Days	IF UNDER 24	
/	10a. USUAL OCCUP	1. T CY (*) 1			USTRY II BIRTHPLACE (Stole	ar foreign country	Neartal .	12. CITIZEN O	F WHAT CO	UNTRY
	13. FATHER'S NAME	3 I			14. MOTHER'S MAIDEN I	NAME				
		Francis Junio EVER IN U. S. ARMED FORC It yes, give wor or dotes of ser	ES? 16. SC		INFORMANT	orainda (Address			
	PART I. 77 of a Conditions, in governise to	f ony, which (b)	se per line	for (a), (b), and (c).]	in + n	ralu	utris	Zón Inte	RVAL BETWE	EN
	Couse (a), stal lying couse to Part II.	osl. : (c)	ITIONS <u>CO</u>	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CO	NOITION GIVEN	IN PART 1(0) 1	PERFORMS	Dan
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING [] 2 ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	POb. DESCR	IBE HOW INJURY OCCURR	ED (Enter noture of injury in	Part I ar Part II af	ilem 18.)		YES [] NO	ا ا
	ZOC. TIME OF IN Haar e.	n.	20d. INJ White at work	Nat while	LACE OF INJURY (Home, farm octory, street, affice bldg , etc	20f (City or to	own)	(County)	((State)
	21. I certify alive an	that I attended the a	deceased	/	56, 19 , ta h accurred at 2, 20	AM, from the		hat I last so an the dat		
	ACTUAL SIGNATURE	1996 hir	1 1 Fi	rerens	M.O. 3001	ADDRESS (S)reel.	city or town, stat	Cy Cir	DATE	SIGNED
/	PHYSICIAN'S NAME (Type)								2/1	(
	REMOVAT ASPE	120 19	54	NAME OF CEMETERY	orcestate	72d. LOCATION	Kly, town, or co	7 11	(Store)	
6x	23. MUNERAL DIRECT	OR'S SIGNATURE	- (ADDRESS Sig	240. REC	BY REGISTRAR	24b REGISTRA	R'S SIGNATUR	E	
(C	207740	9XV+	1	/	1		, . , . , , ,			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEC 31 1956

5M 9/55

Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) 6. COUNTY Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOF Year December 19 56 IF UNDER TYEAR IF UNDER 24 HRS Months уга, 12 CITIZEN OF WHAT COUNTRY? U. S. A. Address Gerald H. Dickey Sr. Same as # INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? NO P Was playing in the road and ran over by an automobile (County) (Stote) Md. Pr. Goo. 21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that Accident , Suicide , Homicide , Undetermined couse DATE SIGNED December 31, 1956 22d LOCATION (City, town, or county) (Stote) Colmar waner, d. 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Id.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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				MARYL	AND S	TATE DEPAR	TME	NT OF HEALT	H-BA	LTIMORE,	18	2768	}
-				ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist. I		45
ma j	4	.	LACE OF DEATH	174	#			2. USUAL RESIDENCE (V	A/hoon doone	and then I for the little			
18	3		. COUNTY	Prince Georg	es.	MARYL	AND	o. STATE Md	Austa deced	b. COUNT	,		
	1	Ь		If outside corporate fimility write		c. LENGTH OF STAY IS		c. CITY OR TOWN (III	outside cor	porote limits, write	Prince		
			and give nearest tow	vn)				Walk-Blace with	Design of		3-52nd		
		-		TVERGA LA	F not in hosp	pital, give street address)	d STREET ADDRESS		Was TOTA	3:1	e, 15 R	ESIDENCE
	*.		Laland	Memorial Hos	· ····································			College Pa	nark		14	ON	A FARM?
	1 + -		NAME OF	Firs		Middle		Lost	4. DATE	Month	De		ear
			Type or print)	Cathari	ne	Josephia	1.0	Di Man	OF DEATH	Decemb		,	9 56
		5. S	EX			D NEVER MARRIED			1	9. AGE (in years	IF UNDER TYE		ER 24 HRS
		I	emale.	White	WIDOWED			May 3, 1885		ical birthday)	Months Days	Hours	Min.
		10a.	USUAL OCCUPAT	ION (Give kind of work d	lane 10b. K	IND OF BUSINESS OR II	NDUST	RY 11. BIRTHPLACE (Stole	or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
	1	ď	Housewif	ing life, even if retired)	1 6	wa Home		Pennsylva	nn f en		77	S.A.	
	9797 N	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	W. 1		Charles:	Coer				Summan Me (leasty				
and the land	Prese your of the State	15.		VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IN	IFORMANT		Address			
		(100,	No.	(If yes, give war or dates of s	ervice)	50-85-0-22	34	des Diller	S	ane as #2			
			18. CAUSE OF DE	ATM [Enter only one cour	e per line f	or (a), (b), and (c).				<i>p</i> .	IN	TERVAL BETWI	EN
			Conditions, if gove rise to imm (a), stating the couse last.	ediate cause	Cc	oronary scl	ero	sis					
	es	CATION			ITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(a		ALTOPSY DRMED?
		1 - 1	20a, EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH	ONTRIBUTING (DESCRIBE	HOW INJURY OCCUR	RED (E	nter nature of injury in Por	t I or Port II	of item 18.)			
		WEDICAL	20c. TIME OF INJU Hour a. m. p. m.		20d. It White at wor	Nat while	facts	TE OF INJURY (Home, form try, street, office bldg., etc	20f. (Cit	y or tawn)	(County)		(Stole)
			21. I certify t	hat I taak charge	of the re	emains described	aba	ve, held an Autaps	у 🔀 🗀	nspectian 🚾,	Inquiry [and	find that
			death resulter	d from: Natural o	auses 🖪	, Accident [],	Suic	cide 🔲, Hamicide	. 🔲 , U	ndetermined c	ause 🔲.		
	6		ACTUAL SIGNATURE	Ahn J.9	Mal	oney		_M.D. CHIEF MEDICAL E	_			DATE S	IGNED
			EXAMINER'S NAME (Type)	John T. Mal				ASSISTANT MEDICAL			- 22-3	56.	
		220.	BURIAL, CREMATI- REMOVAL (Specify	ON, 226. DATE THEREON		22c. NAME OF CEMETER				TION (City, fown, o		(State	1)
			Removal	12/23/5	6	Holy Cro	38		1	don, Per			
		23.	FUNERAL DIRECTO		Sad -	ADDRESS			D BY REGIST	TRAR 246. REGIS	TRAPES SIGNAT	URE	1
		[]	'he >.H.	Hines Co.	wash	nington, I	٠.	C. DATE H	عديا4	136 W	s. Jas	1 De	vere
												PUT.	MILL

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4 25			12750 CERTIFICATE OF DEATH Reg. 1	12769 Dist. No. 720
Page Birector			PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residue of STATE o	ence before admission)
funeral sid be f	EM)	C	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL and give nearest town) ARK 2045 CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL one CLENGTH OR CLENGT	I give decreationn)
2 should	14		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A STREET ADDRESS DROQUOLS	e IS RESIDENCE ON A FARM? YES NO
illed in			NAME OF DECEASED (Type or print) RENJAHIN LEE DOLSON 1. DATE OF DEATH DEC	Doy Year 19.50
d within letely f		5. 3	SEX 6. COLOX OR RACE 7. MARRIED NEVER MARRIED 8 DAJE DE RISTH 86 9 9. AGE (In yours lost birthdoy) Manthi	ER 1 YEAR IF UNDER 24 HRS
executed of camp n paper death.	1	10a	during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or fareign country) 12. Co	CITIZEN OF WHAT COUNTRY
ate be citizen on a corbon stafter of	_ ,	13.	FATHER'S NAME LEWI'S DOGSON 14. MOTHER'S MAIDEN NAME - KNE	ins
certificang physics remove 72 bour	I	15. (Yer	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PAGE OF JOHN	Pd Colli
attendii n pleax n within			18. CAUSE OF DEATH [Enter only one couse of line for (o). (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) FROM THE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
law requires that the ysician. been signed by the transit permit. They out, and in any ment		TION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. Part 11. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part 1.	ART 1(a) 19. WAS AUTOPSY PERFORMED?
N: The ding ph ote has e burial r remov		CERTIFICA	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)	YES NO
PHYSICIA of ar otten this certific r use as the emotian, a		MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown)	(County) (Stole)
refer by the haspite RAL CARCION: After it should be detached for stror prior to buriof, cr.	1		21. I certify that I attended the deceased from 12-7, 1936, to 30 M, from the causes and on alive on 13.75 E, 19, and that death occurred at 0 M, from the causes and on ACTUAL SIGNATURE PHYSICIAN'S MANE (Type) M.D. CORREST (Street, city ar tawn, starte)	l last saw the decease the date stated above DATE SIGNE
moy be poge 3 the regi		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Salem Baptist Cemetery Culpeper County	
YS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md. Pare 240. REC'D BY REGISTRAR'S ADDRESS	A Amith

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Sea A Prize Sea

1. PLACE OF DEATH a. COUNTY Death b. COUNTY C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give necessary of the property	770
1. PLACE OF DEATH O. COUNTY Death County	
RURAL ond give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) or institution d NAME OF HOSPITAL (If not in hospital, give street address) or institution 3 NAME OF DECEASED (Type or grint) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME	G 0 0 19 9 9
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF DECEASED (I'ype or print) S. SEX OR COLOR OR RACE OR INSTITUTION OF DECEASED (I'ype or print) OR OR OR INSTITUTION OR OR OR INSTITUTION OR OR OR INSTITUTION OR OR OR OR INSTITUTION OR O	orest town)
DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work do	e. IS RESIDENCE ON A FARM?
TO SUBJECT OF THE PROPERTY OF	y Year 5619
13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME	IF UNDER 24 HRS Hours Min.
13. FATHER'S NAME JOHN W. USILEON 14. MOTHER'S MAJOEN NAME 17ARV E BIDDLE	SA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Vooddysty AND LARCNCO L. DUCTEORD	Bereh
ONS TONS	ERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO	Swenzs
Conditions, if any, which (b) GENERALIZED CARCINOMATOSIS (a) GENERALIZED CARCINOMATOSIS	/ye (3)
cause (a), stating the <u>under-lying cause last.</u> Cause (a), stating the <u>under-lying cause last.</u> Cause (b), stating the <u>under-lying cause last.</u> Cause (c), stating the <u>under-lying cause last.</u> Cause (a), stating the <u>under-lying cause last.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1	PERFORMED? YES NO S
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. tNJURY OCCURRED While Not while of work of w	(Stole)
21. I certify that lyattended the deceased fram JINE 4, 1953 to DEC 13, 1954, that I last so	
alive an 12/12/, and that death occurred at 10/15/1 M, from the causes and an the da	ite stated abave.
ACTUAL SIGNATURE STAND SIGNATU	
PHYSICIAN'S HARULD STEELING HYATTSUILLE MD	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) REMOVAL SPECIFY 12-17-56 FORFLOOLN CALN CALN CALN	R MO.
ADDRESS 308 - 4 S 1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	RE
13M 9/35 Tr Allellamaples Dong & NE DATE De 16 1956 ms. Jas. 8	Herbury

BUREAU V. K.

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPA	RTMENT.	OF HEALTH-	BALTIMORE,	18
ltems 13	ALL FLOOR		= 5)		フワウイ
	CEPT	SICATE .	OF DEATH	1.4	

12791 CERTIFICATE OF DEATH

Reg. Dist. No.

	2.5	31								1	
g. COUNTY					2. USUAL RESIDENCE (Wh	are decease	d lived. If institut b. COUNTY		nce before	· Car	
2112.01	4.5 584 4		MARY	LAND ,	"d.		B. COUNTY	Princ	e Geo	ייינכ	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	its, write	c. LENGTH OF STAY	IN Ib	c. CITY OR TOWN (If o	utside corpo	orale limits, write l				
Chever	ly		26 days		Brentwood				y		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, s	ive street	address)		d. STREET ADDRESS				/ 0	IS RESI	DENCE FARM?
	eorge Gener	al F	ospital		3918 All	ison	street				NO [2]
3. NAME OF DECEASED	Fir	st	Middle		Losi	4. DATE OF	Mo	nth	Day	Y	egr
(Type or print)	William				Dyce	DEATH	1	2-	5	1	9 56
5. SEX	6. COLOR OR RACE	7. MARI	NEVER MARRI	ED 🔲	B DATE OF BIRTH		9. AGE (In years last birthday)		RIYEAR		
Tale	black	WIDOW	ED DIVORCE	D 🔲	2-2-79		77 915.	Months	Doys	Hours	Min
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (Stole	or foreign c	ountry)	12 CI	TIZEN OF	WHAT	COUNTR
		'			Marvla	nd			U-S-A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	Unknown				Unknown	1					
15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 II	FORMANT Brent	wood.	NG Add	lress			
	to yet grown or asset or	- 7.02,	228-05-5	191	Mrs. Soph		rce 3918	3 21	lins	on S	St.
18. CAUGE OF DE	ATH [Enter only one co	use pe <u>r</u> li	ne for (a), (b), and (c).	1	0	A			LINTER	VAL BET	WEEN
	ATH WAS CAUSED BY:				lint La	1			ONSE	TAND	DEATH
1 1 1 110	IMMEDIATE CAUSE (d		The contract of	-	The state of the s	ru			10	Mrs	
I the	DUE TO	1	.00.	0	7. 11 -	1 /					
Conditions, if		10	ulliage	un	un sear	de	une		3	1	7 -
couse (a), stating)									
lying cause lost)						_			
PART 11. O'	THER SIGNIFICANT CON	2 SHOITIG	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 19	. WAS A	UTOPSY
CAT									- }		NO 🎒
PART 11. O' 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURREC	. (Enter nature of injury in I	Part I or Par	1 II of item 18)				
	Y MEDICAL EXAMINER)										
	IRY Month, Day, Ye		WURY OCCURRED		CE OF INJURY IHome, form		y or town)		(County)		(State)
Mour a. n.	18	While of wor	Not while	100	tory, street, office bldg., etc.	2					
	that I attended the		ed from 12/	,	1056 10 1	. 10	- 10.69	See	1 .		
	ad I arrended me	Geceas	~ 4								
alive an 2/	7	77	a, and that	death	accurred at 4:30p				the date		
ACCIDATE	1 4		18 . 0		•	WDDKE29 (2	Ireel, city or town,	sidle)		DA	TE SIGN
SIGNATURE	- Jan	12	1 er	77	A.D						
PHYSICIAN'S NAME (Type)	1										
220 BURIAL, CREMATI	Ann .		22c. NAME OF CEM	EVERY OF	CREMATORY	22d. LOCA	TION (City, lown,	or county)	~	[5]	
REMOVAL (Specifical)	12.10.5	6	Wood	CU	on Cometer	Uka	shingl	On	0.	9	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	1820	5-9457- 240, REC!	D BY REGIST	TRAR PAL REGI	STRAR'S SI	GHATURE		
Worler	6.21.20	20	Gull	2112	RAN DE DATE	12 55	LUL	educe	h	1	

DEC I IN

VS. A15ME(5) 5M 9755

AnneArundel. Md. Homicide , Undetermined cause DATE SIGNED 12-9-56 22d. LOCATION (City, town, or county) \Slote) 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

DATE

Rea. Dist. No.

a. IS RESIDENCE ON A FARM? YES NO

Year

Houns

U.S.A.

INTERVAL SETWEEN

YES [7]

(County)

PERFORMED?

NO FA

(State)

12. CITIZEN OF WHAT COUNTRY?

1956

BUREAU V. 3

DEC I. ILL

-BECEING

1/1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
41,		CERTIFICATE OF DEATH
Page 2 director, led with	įst)	1. PLACE OF DEATH e. COUNTY Prince Georges AMAYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY Prince Georges
death; uneral Id be fi	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Li days 10 hrp. Cheverly Li days 10 hrp. Cheverly
s offer 2 shou	P	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS. RESIDENCE ON A FARM?
in i		3. NAME OF Siret Middle let 4 DATS
illed es 1		DECEASED (Type or print) Mary Louise Eberly DEATH 12 9 19 56
I withir		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2/22/90 9 AGE (In years lest birthday) Months Days Hours Min Windows Min Windows Min Windows Min Months Never Married Never Married Never Married Never Married Never Married Never Married Nover Married Nove
xecuted d camp paper leath.	. ;	10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country). Our foreign country 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State of foreign country).
te be ex carbon offer de	I	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 1
certifico ig physic remove 72 haurs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) 17 year year wor or dors of service) 3 9 9 4 5 3 8 3
andin eose thin		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
he d		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) acute mulmoner calcura & Mr.
by the		Conditions, if any, which) (b) Come entire heart Lauleure 6 her
require on. signec sit pern nd in o		gave rise to immediate cause (a), stating the under- lying cause last.
physicie as beer ial-tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [] 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] OF CONTRIBUTING [] CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]
Ficate hither bur ar rem		
PHYSIC of or oth his certi- use as emotion,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work at w
NG Ispite		21. I certify that y attended the deceased from 12/12 156, to 1)/9 195 Lihat I last saw the decease
TEND! The horder TOR: Affective To burio		alive on 1) 12
A Se o Did	1	ACTUAL SIGNATURE AND A COMMINICATION OF THE SIGN
reto		PHYSICIAN'S NAME (Type)
MOSPIT, may be re D FUNE A page 3 sh the registr	/1	270. BURIAL CREMATION, 27b. DATE THEREOF 22c/NAME OF CEMETERY OF CREMATORY 22d. LOCATION [City, town, or county) (State)
VS A15 (4)	-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Note Recurred 240. REC'D BY REGISTRAR'S SIGNATURE DATE 240. REC'D BY REGISTRAR'S SIGNATURE DATE 240. REC'D BY REGISTRAR'S SIGNATURE DATE 240. REC'D BY REGISTRAR'S SIGNATURE
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RULEAU V. S.

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 25	1997 CERTIFICATE OF DEATH	12774./y
Poge director	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived if institution of STATE) b. COUNTY	Residence before admission)
d be fi	b. CITY OR TOWN (If outside corporate limits, write RURA RURAL and give nearest town)	AL and give nearest lown)
should should	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS TO 119	IS RESIDENCE ON A FARM?
hours and	3. NAME OF First Middle Lost 4. DATE Month	Day Yeor
nin 24 filled ages 1	[Type or print] Mary Ann Ellight DEATH De	C. 8 1956 UNDER TYEAR IF UNDER 24 HRS
ed with	F Cal - 2 WIDOWED B DIVORCED J July 10 1875 Bist birthdoy) M	online Days Haurs Min
death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) Howse wite	12 CITIZEN OF WHAT COUNTRY?
ician an	13. FATHER'S NAME	
phy string by the string of th	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT Address	4913 Wash pl
eath ce	18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c).)	INTERVAL BETWEEN
the di he attr hen pl ent wi	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4446 X DUE TO	ONSET AND DEATH
es thot ed by t mil. 1	Conditions, if any, which by Arteriolar Naphress lerost	5, 5
an. signer	couse (a), stoting the under DUE TO lying couse tost. (c) FSS = Tail Hypertens ??	7
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ATTE by th CTO th be deto ior to b	ACTUAL SIGNATURE Willow & Color HOLD HOLD SIGNATURE	
retc RAL should strar pr	PHYSICIAN'S WILL Tackson.	15/8/21
O HOS moy be o FUNE poge 3 the reg	220. BURISH CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d ADCATION ICITY, John, or co	Stoley That.
VS A15 (4) 15M 9/55	1) My that K Nall way 20011 to MEEO 10 was	AR'S SIGNATURE
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BUREAU V. S.

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VS. A15ME(5) 5M 9755

BUREAU V. E.

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SARYLAND STATE DEPARTMENT O	OF HEALTH—BALTIMORE, 18
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246 REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DUE TO Conditions, if any, which gove rise to immediate coute (a), storing the under- lying coure lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING COY PULMONALE. 1 YEAR 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Heur a. p. p. m. 19 While Not while of work of twenty of the clark, street, office bidg., etc.) 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 3/25, 1956, ta. 12/15, 1956, that I last saw the deceased alive on 12/15/56 22. I certify that I attended the deceased fram. 3/25, 1956, ta. 12/15, 1956, that I last saw the deceased alive on 12/15/56 ADDRESS (Street, city or lown, stote) DATE SIGNED PHYSICIAN'S INDICATION. (City, town, or county) PART II. OTHER SIGNIFICANT SIGNATURE. 22a. NAME (Type) DATE SIGNED PHYSICIAN'S Specify) 12 / 19 / 57 DATE THEREOF 12 / 19 / 57 DATE SIGNED 13 / 19 / 57 DATE SIGNED 14 / 57 DATE SIGNED 15 / 56 PHYSICIAN'S Specify) 15 / 57 DATE SIGNED 16 / 57 DATE SIGNED 17 / 57 DATE SIGNED 18 / 57 DATE SIGNED 19 / 57 DATE SIGNED 19 / 57 DATE SIGNED 10			12	338	CERTIF	ICA	TE OF DEATH	ı		Reg. Dist		J. (43
b. CITY OF TOWN, If couling corporate limits, write a CLENGTH OF STAY IN 1b CLENGTH OF TOWN, If couling corporate limits, write a CLENGTH OF STAY IN 1b GLICHT Dale (RUPAL) 6 mo., 20 days d. STREET ADDRESS A. MAN OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address) 3. NAME OF PROSPITAL If not in imposite, give treat address of the prospital in its property of the prospital in its property of the prospital in its property of the prop		. COUNTY	nce Georges		MARYL	NHD	g. STATE	ere decease		an Residence	e before	odmissio	on)
Glenn Dale (RURAL) 6 mo. 20 days Washington d. NAME of DOSTRAL (in post intered address) d. STREET ADDRESS GLENN DALE HOSDITAL 210 - F., St., N.W. 210 - GATE DATE DATE DATE DATE DATE DATE DATE D	, [. CITY OR TOWN (H	autside carparate limits	, write	c. LENGTH OF STAY II	ч 1ь		utside carpo	rate limits, write R	URAL and gi	ve negre	est town)	
d. NAME OF HOSPITAL (If not in haspital, give sinest address) CILEMIN Dale Hospital 210 - F. St., N.W., CILEMIN Dale Hospital Russel Russel Lee First First Russel Lee First First Lee First First Russel Lee First Russel Lee First First Russel Lee First Russel Lee First Russel Lee First First Russel Lee First Russel Russel Lee First Russel Russel Lee Russel Russel Russel Lee Russel	7				6 mg 20 c	1077	Washi	nøton	4.9			1.1	
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3 NAME OF DECEASION (Pro print) Russel Lee Stelle							210 -	Tr S	+ 17 14			ON A	FARM?
DECEASED (Type or print) Rubsel Lee Bstelle DLATH 12 15 19 56 19 56 S. SEX Male White White Whole I Provided I Provi	3 (7 9 -	Madella					41			
Male White WIDOWED DIVORCED TO 7/21/13 Suit prinday) Months Days Hours Min		DECEASED (Type or print)	Rus		Lee		Estelle	OF DEATH			15		- 56
100. USIAL OCCUPATION (Give kind of work) after a work admental to the work of this, even if retired) Truck driver 13. FAITHER'S NAME Herbert Estelle 15. WAS DECRESEEVER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. 17. INFORMANT To a windown(f) is by a district only one course per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY PART II. OTHER SIONIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY (In Finite Reminal Disease Condition of the management of the work of t	5. 5	SEX		7. MARI	RIED 🔲 NEVER MARRIED	8 🗖 🔋			9. AGE (in years				
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Truck driver 12. FAITHER'S NAME Herbert Estelle 15. WAS DECEASEDIVE IN U. S. ARMED FORCES? (A. WAS DECEASED OF THE FORM OF	10a	USUAL OCCUPATIO	N (Give kind of work de	ne 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (State of	ar foreign c	ountry)	12. CITE	CEN OF	WHAT (COUNTRY
13. MADERIY NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMA							West Vir	ginia		1	U.S.	A.	
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15. WAS DECEASEDEVER IN U. S. ABRED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [enter only one course per line far (a), (b), and (c).] 18. CAUSE OF DEATH [enter only one course per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY 18. CAUSE OF DEATH [underlined by the course of the course (a), storing the under 19. OUR TO 19		Herbert	Fstelle				Julia St.	anton					
1912-1915 217-20-1288 Decedent	15.	WAS DECEASED EVER	IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17, IN			Add	ress			
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General (specify) 12/19/56 Weshington, lational Pr. Cec. Ge. 1 . Med.		PHYSICIAN'S DEL	niel Leo Fi	nuc	ine								
Francis 12/19/56 Westington, vertioned Pr. Cie. G. 1 Med.	22q	BURIAL, CREMATION		-	22c. NAME OF CEMET			22d, LOCA1	ION (City, lown, o	or county)		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE 246, REGISTRAR'S SIGNATURE	22	sur AD		-	ADDRESS (47 0		Pr. C.	20. 99.		/		

VS A15 (4) 15M 9/55

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. Il institution- Residence before admission) o. COUNTY o STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) 20 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 1012 Pranchville Id. NAME OF Middle 4. DATE DECEASED Ldward (Type or print) 7747775000 Teisbenne DEATH Coc 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months מוריי Thite WIDOWED [7] DIVORCED IT 7-72 YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even it retired kailroad Foreman peltsville. Ad. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Feighenne Elizabeth Benson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLES. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) Hour D. M. foctory, street, office bldg., etc.) Not while of work of work p. m. 12-21 48 19 5 Ghat I last saw the deceased 21. I certify that I attended the deceased from ___, and that death accurred at_____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Admendale Cemetery Beltsville, dd. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR Gasch's Sons mattsville, Jaryland.

12777

e. IS RESIDENCE

ON A FARM?

YES NO DE

Year

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8 1

(County)

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 17

(Stote)

24b, REGISTRAR'S SIGNATURE

BECEINED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1278()	
MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	47
Reg, Dist. No.	
1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before adm o. STATE Maryland b. COUNTY Pro Geo-	nission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to and give nearest town) Fairmount Heights. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to and give nearest town) Fairmount Heights.	own)
	RESIDENCE
737 COLD Trace Mendator Pudliding 5000 K Street	A FARM?
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day	Yeor
	19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNIDER LYEAR IF UNIDER LYEAR	Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
Retired assistant Printing Washington , D.C. U.S.A.	
13. FATHER'S NAME	
John Henry Francis, Sr. Mary Hamilton	
15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates of service)	
No. Mary Jane Francis; Same address	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETY ONSET AND DI	YEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive heart failure	EATH
444X DUE TO	
Conditions, if any, which) (b) Cardiovascular renal disease	
gove rise to immediate couse	
to the fact that	
	AUTOPSY
PERFO	ORMED?
YES T	NO
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN GI	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City ar town) (County) Hour a. m. While Not while of work of	(State)
21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and	Carl shas
death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause .	nna mai
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER	SIGNED
ASSISTANT MEDICAL EXAMINER	•
EXAMINER'S John T. Maoney, M.D. Deputy Medical Examiner 15 December 7,1956)
220. BORIAL CREMATION. 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)	te)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 77 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
Hall Bros 621 fla con 1 April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	67

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VS A15 (4) 15M 9/55 A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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12841 CERTIFICATE OF DEATH

	12041	CERTIFICA	ATE OF DEATH	Reg	. Dist. No.
	PLACE OF DEATH 6. COUNTY France Heaves	MARYLAND	2. USUAL RESIDENCE (Who a STATE	here decrebed lived If institution. Res	sidence before admission)
	BORAL and give nagrest town)	Month	of eat	Nutside corporate limits, write RURAL of	
٠	d NAME OF HOSPITAL (If not in haspital, give street address)	,	d STREET ADDRESS	3. St.	on a farm? YES NOTE:
3.	NAME OF DECEASED (Type or print) LULA	Middle L.	GATES	4. DATE Month OF DEATH / 1 -	29 19 5 6
Ĺ	renecle Milit- WIDOWED ST	DIVORCED [B. DATE OF BURTH	10st birthday) Mont	DER I YEAR IF UNDER 24 HRS. This Days Hours Min.
	USUAL OCCUPATION (Give kind of work dane dyring most of working life, wen if relired)	F BUSINESS OR INDUS	Wash	neter D.C.	CITIZEN OF WHAT COUNTRY!
	Lecre Hans		Mother's Maiden N	Krows	2
15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SECURITY NO. 17. IN	NFORMANT"	Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Icular ax	cident	INTERVAL BLIWEEN ONSET AND DEATH SHRI
	Conditions, it any, which thi	io-VASCU	LAR DISÉ	CASIE	
	Trying couse last.			ENERALIZED	
ICATION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
IL CERTIF	OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED). (Enter nature of injury in P	ort I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. js. White Not wark of otwark of	at while fact	CE OF INJURY (Home, form, lary, street, office bldg., etc.	(City or town)	(County) (State)
	21. I certify that I attended the deceased from alive an $12/28$ 12 6		accurred at $5A$	17-/29 , 1956 that M, from the causes and a	I I last saw the deceased
		steet ,		ADDRESS (Street, city or town, stole)	DATE SIGNED
	PHYSICIAN'S MAX M. HER	ZBERGA	4 ·D	f	
1	1-2-56 C	MAME OF CEMETERY OR	. /	22d. LOCATION (City flown, or coun	Slate)
23.	FUNERAL DIRECTOR'S SIGNATURE	DORESS	240. REC'E	BY REGISTRAR 246-REGISTRAR'S	SIGNATURE

I.

DACE!

FUNER 0 VS A1S [4] 15M 9/55

IS RESIDENCE ON A FARM? YES TO NO T Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Davi Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO Z (County) (Stote) 1951, to 10=2, 23, 1956, that I last saw the deceased , and that death accurred at 2:45 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) 22d. LOCATION (City, lown, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÈSS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

12782

Rea. Dist. No.



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where detected lived. If institution: Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND MINGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporate timets, wi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address) d. STREET ADDRESS TS RESIDENCE ON A FARM? YES NO R 3. NAME OF Middle Month OF (Type or print) DEATH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE DF BIRTH Months Davs Hours Min. WIDOWED [7] DIVORCED T yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRE) 12. CITIZEN OF WHAT COUNTRY? ale come FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (If yes, give war or dates of servi-INTERVAL BETWEEN 18. CAUSE OF DEATH-Finter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which olong buriol gave rise to immediate cause! DUE TO (o), stoting the underlying cause lost. PART II, OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO R 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY i 20f. (City or fown) factory, street, office bldg., etc.) While Not while al work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and find that death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded or FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER TO HAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY CREMATION. 22d. LOZATION (City Iown, or county) 0 23AFUNERAL DIRECTOR'S SIGNATUR 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEIST 5M 9755

OF A PERSONAL OF THE PARTY OF T

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO D Dev Year 50 IF UNDER 1 YEAR IF UNDER 24 HRS Months Davi Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH DAY DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES NO 2-(County) (Stole) 1956, to DEC 25, 1956, that I last saw the deceased and that death accurred at 16:05 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED (Stote) 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 9/55

A A COUNTY

7			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•			12845 CERTIFICATE OF DEATH
4 25			Key, Ulst, No.
Page director		1, 1	PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived It institution: Residence before admission) O. STATE O. STATE
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of Salar	Ĭ.		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At home d. STREET ADDRESS ON A FARM? YES NO
24 hau ed in 1 an			NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF DeceaseD (Type or print)
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eath endii leas thin	at .		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), will (c).]
atte d			PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH
that the by the it. The iy even			Sandilines it any which Due to Continue of the antique of the sand in the sand
quires igned permit			gove rise to immediate case (a), stating the under DUE TO
w re-		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 18 WAS AUTOPSY
e la physi as be al-tra)	ATIO	PERFORMED? YES NO
AN: The inding p icate he icate he buri		CERTIFICATION	200 ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICL afte ertifi as t ian,		CAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
PHY ital ar this c or use		MEDI	Hour a. m. 19 While Nat while of work at work foctory, street, office bldg., etc.)
officer officer officer			21. I certify that I attended the deceased from 11. 1974, to 1661 1996, that I last saw the deceased
THE PART OF TOCK			alive an M. fram the causes and an the date stated above.
by 1 CTO d be del	1		ACTUAL M.D. 3-2- Till (Till) DATE SIGNED
			PHYSICIAN'S J. Chester Brady 35 N.Y. Avenue N.W. Wash, D.C.
O HOSPITAL may be relq O FUNERAL page 3 shau the registrar		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY OR CREMATORY 22d LOCATION (City, town, or county)
5,5 5		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS : 1 - 1 240. REC'D BY REGISTRAR PAD REGISTRAR'S SIGNATURE
VS A1S (4) 15M 9/55		~<	johns attacky Want C. L DATE DEC 26 56 Undertedien

5 % PTTLE

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•			12786 CERTIFICATE OF DEATH Reg. Dist. No. 23
director, led with	t.	1. 1	LACE OF DEATH) 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY b. COUNTY
uneral a		1	CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 1b RURAL and give nearest fown) RURAL and give nearest town) A a cure C
a Sinon	41	,	I. NAME OF HOSPIAL (If not in hospital, give/street address) OR INSTITUTION ON A FARM? YES NO
lled in			NAME OF STATE Clicketh Aunal Day Year OF ALLOS DEATH Cleumber 5/1956
etely fi		5 \$	
d comp	1	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stoll or foreign country) 12. CITIZEN OF WHAT COUNTRY? According most of working life, even if retired)
cion an carbar		13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
g physic remove 72 hours	1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANE Address (If yes, give wor or date of service)
attendin please within			18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
that the by the tr. Then y event			Conditions, if ony, which) Bullfulled Coxelled Coxelled 30 2011
squires n. signed it permi			gove rise to immediate cause (a), stoling the under- lying couse lost. DUE TO Seculate (c)
e law ra shysicia ss been al-trans aval, an	7	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
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PHTSIC:		MINCAL	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour a. ji. p. m. 19 While Not while at work at work.
DING hospite After if thed far irial, cre			21. I certify that y attended the deceased from 12/20, 1937, to 12/31, 1957, that I last saw the deceased alive on 12/20, 19 , and that death accurred at 100 pm, from the causes and an the date stated above.
by the CTOR:	/		ACTUAL SIGNATURE AND M.D. LOUSES (Street, city or lown, shote) DATE SIGNED SIGNATURE AND 1/2/5-7
reto reto AL should t	•		PHYSICIAN'S J. M. WARREN
may be a FUNER page 3 s		220	BURIAL CREMATION, 226/PATE THEREOF 220 MAME OF CEMETERY OF CREMATORY 220 OCATION (City, Toyon, & gounty), (Stoley)
VS A15 (4)		23.	FUNERAL DIRECTOR'S SECNATURE ADDRESS ADDRESS

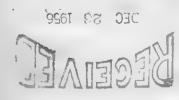


7	1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	19707
10 2 1/		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14101
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shous	1	a. COUNTY CO. STATE COUNTY COU	te before admission)
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y dele your f gistror	3	NAME OF DECEASED (Type or print) That the anna Grentha Pearly OFATH LOCAL MONTH	23 1956
if or for series	S	SEX 6. COLOS OF RACE 7. MARRIED NEVER MARRIED ATE OF BIRTH 9. AGE (in years IF UNDER 1	YEAR IF UNDER 24 HRS
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Poge 5		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
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3 Mil BM3 mit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
orm 1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
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d be ncil i ng w iof-h		Conditions, if ony, which gove rise to immediate couse (a) station the underlying DUE TO	
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d 'pe	PA POST		
wor shou	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County of the county of the co	ty) (Stote)
o the	377		
IXAR niting of Most Post		21. I certify that I tack charge of the remains described above, held an Autopsy [], Inspection [4. Inquiry	4, and find that
Chic		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	
DIXEC		SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
the condector were moved.		EXAMINER'S JAMES TBOY DEPUTY MEDICAL EXAMINER DEPUTY M	23,1956
Cute the forward of ren	2	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OF CREMATORY 22d LOGATION (City, town, or county)	(Slotely
-	2	Surial 12-27-3 (EV adminution 1) amount Suttemp, 8) 3- FUNERAL DIRECTORY REGISTRAR (246. REGISTRAR'S SIGN	ATURE LESSEL
VS. A15ME(S) SM 9/SS		W.W. Chembers Co. Washington D. Corre	and the El
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THE ST INC.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12847 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY o. STATE , , and I mall b. COUNTY 7 " 00 . 1 . 7 . 10 t MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 77 .. 27 Though I'm I home merata + d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Wain Ctneat YES NO K NAME OF First Middle 4. DATE Month Day Year DECEASED Clarance 7-77 (Type or print) DEATH DAPA 'AM O 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours 7.7 A WIDOWED [DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Cran Toman J. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clam moe mall Margaret Powling move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Frank Hall Upper Marlboro, No. 18. CAUSE OF DEATH [Enter only one couse per line for [o], [b] and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o) 5 mes 40 U11 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cotise (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not while of work of work 2-6 Lee 19 5%, that I last saw the deceased 21. I certify that I attended the deceased from 24 LO2-____, and that death accurred at 1/A_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE P. shoul PHYSICIAN'S Robert B. Spracer. NAME (Type) **FUNER** 220 BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) a rri 1 36 3 enthono. Inn 7 a Te le r 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE

S.V. UASALLING



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO A COUNTY

VS A15 (4) 15M 9/55

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 19727

12791

14404		Reg. Dist	, No.
I. PLACE OF DEATH o. COUNTY Frince Georges M	ARYLAND 2. USUAL RESIDENCE (W	here deceased lived. If institution: Residence b. COUNTY	e before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give necrest flawn) Theverly Lip day	Blad	outside corporate limits, write RURAL and gi ensburg Aid.	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 16 20 3 30 1 10 3	d STREET ADDRESS	dr.	on a farm? YES NO -
3. NAME OF DECEASED (Type or print) Spy Esthor	ddle Lost Hagand o	4. DATE Month OF DEATH	Day Year
	RCED 1113-19	los hirthday) Months (YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relief). HOUSEWIFE Own Hop			ZEN OF WHAT COUNTRY
Ed ward J. O' Neil	14. Mother's maiden in Mary M.	Name Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no, or unknown) (If you give wer or dates of service) (12 156	no 17. INFORMANT 312 deorge 4 nr	is Bladensburg	, ald.
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause tast,	omatosis	n/	onset and death
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJUR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work at work at work	Y OCCURRED. (Enter nature of injury in 20e. PLACE OF INJURY (Home, farn foctory, street, affice bldg., etc.	n, 20f. (City or town)	ounly) (Slate)
21. I certify that I attended the deceased from	12-17, 1956, to not death occurred at 1115		
PHYSICIAN'S NAME (Type)	in	ash, I, Dc	1
	ton national	22d. LOCATION (City, town, or county) Arlington Va.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons is ittsville		D BY REGISTRAR 246. REGISTRAR'S SIGN	wature



BUREAU V. S.

22c. NAME OF CEMETERY OR CREMATORY

1661- Good Hope Rd.

Fort Lincoln Cemetery

22d. LOCATION (City, town, or county)

24m REC'D BY REGISTRAR

Bladensburg, Maryland.

246 REGISTRAR'S SIGNATURE

(Stote)

FUNER C 0 VS A15 [4]

BURIAL, CREMATION, 225. DATE THEREOF

Dec. 7-56

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

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death.

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A W UABILLY

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MARIES

Washington; DC

DATE

12793

IS RESIDENCE

ON A FARMZ

YES INO

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W88/85

WAS AUTOPSY PERFORMED?

(Stole)

DATE SIGNED

(Stole)

Hours

56

W. W. Chambers

Company.

BUREAU V. E.

DECEINED

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Paged.	K .	to funeral director,	page 3 should be detached for use as the burial-transit permit. Then, please remave carbon papers. Pages 1 and 2 — uld be filled with	,
deoth.		neral a	d be fill	
after (1	fu	No.	
f hours		d in b	l and 2	
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cuted w		TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in b	opers.	th.
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ATTEN	by the	TOR:	detoc	r to bu
AL OR	lor	- C	auld be	or prior
OSPIT/	may be retain by the haspital ar attending physician.	UNERA	Je 3 sh	the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.
10 H	90	10 F	3pd	±

		MARY	LAND	STATE DEPA	RTMENT	OF HEALTH	H-BAL	TIMORE, 1	18			
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1.	PLACE OF DEATH				11 0	UAL RESIDENCE (WI	here decease	d lived. If institute				
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L	b. CITY OR TOWN (If a RURAL and give nea Che ver	outside corporate fimi rest town)	its, write	c. LENGTH OF STAY	IN 1b c.	CITY OR TOWN (IF	autside corpo	prote limits, write l	RURAL ond g	ive near	rest fown	1}
<u> </u>			*			Lanham						
L	d. NAME OF HOSPITA			_	E	STREET ADDRESS				1		FARM?
-		George's				9448 Washi	,				YES [
3.	NAME OF DECEASED (Type or print)	Timle.	-	Middle ssell	Haw	Lost	4. DATE OF DEATH	Mai		Day		Year
5.				RIED NEVER MARRIE		OF BIRTH	DEATH	Dec.				19 50
ľ	M	W	WIDOW			1_9-1)1		last birthday)		Days	Hours	Min
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П	Repair med	inanic			rminal	Va		• • •		U.S.		
13	. FATHER'S NAME		11 41 151	THE CON LE		AOTHER'S MAIDEN I	NAME		1		-	
	6	ade R Ha	wes			Unkn	lown					
15	WAS DECEASEDEVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.				Add				
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Г			ouse per li	ne for (a), (b), and (c).]		/		~ 1		INTE	RVAL BE	TWEEN
L	PART I, DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (o)	illane	u ilre	. (.12	25	7 July	ma	101431	-1 /11/2	DEATH
		DUE TO)		//	,/		. /	/		n /.	~ 1
L	Canditions, if on, gove rise to im			222 10	Xen	2 1/2 1	"Lah	7 wil	un	-	Zu	res
L	couse (a), stating th)	Mila	white	4		1				
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		UNDERLYING []	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter	r nature of injury in	Port I or Por	rt II of item 18.)			163 []	NO L
CERT	OR CONTRIBUTING E	EDICAL EXAMINER										
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLACE OF	INJURY (Home, farm	n. 20f (Cit)	y or town)	(C	ounty)		(State
MEDICA	Heur o. g., p. m.	19	While of war	k ot wark	raciory, sn	reet, office bldg., etc						
	21. I certify tha	I Lattended the	deceas	ed from Wa	soll.	1946 to	12/2	9 105	k,that I is	act ca-	w the	daceas
	alive an	129	19/		death accur	rred at 2:10	P.M. from					
		V 0	I.	00				treet, city or town,				ATE SIGN
	SIGNATURE (uou d	_71	elli	M.D	7206	Col	resville	Rd			
	PHYSICIAN'S LO	on Gallin				Drivers	ile	Hills	M	d.		
22	o. BURIAL CREMATION	226. DATE THEREO)F	22c. NAME OF CEME	TERY OR CREM	ATORY	22d LOCA	TION (City, town,	or county!	<u></u>	(State	
	REMOVAL (Specify)	1/2/57		Mt Oliv			1 /	cderick,			fainte	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST		STRAR'S SIG	NATUR	E y	
	A'. In 'ch'	s Sons H	catte	sville sea	rvland	DATE	an 3		eg l	Care	1.	

DECEDVED 3 1957

BUREAU V. E.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 12755 CERTIFICATE OF DEATH	12795	
filed with	1,	PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where decreased lived. If institute or STATE Decreased lived. If institute or STATE b. COUNTY		_
a d ping		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 4201, 129 after	ON A FARMY VES NO D	-
		NAME OF DECEASED (Type or print) 7227112 Hiddle Hawking DEATH DEATH	2 29 1946	/
		SEX MI (6. COLOR, OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED DIVORCED March 13 1876 80 yrs.	Months Days Hours Min	
death.	Ĺ.,	during most of working life, even if retired) A TILL TO BUSINESS OR INDUSTRY 11. SIRTHPLACE (Side or foreign country) A TILL TO BUSINESS OR INDUSTRY 11. SIRTHPLACE (Side or foreign country)	12 CITIZEN OF WHAT COUNTRY	Y
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72 hor	TS. (You	on no or unknown) (If yes, give wor or dotes of service) 122 Fifties R==3	ving it so all	1
ndiw in		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) /alruhar Heart Heart Missers	INTERVAL BETWEEN ONSET AND DEATH	?
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n pub	7	tying couse lost. (c) Sknill (c)		_
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יח, מו ה	CAL CERTI	20a ACCIDENT WAS UNDERLYING DORON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) OR CONTRIBUTING DORON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.)		
	MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. p. m. 19 While of work of work foctory, street, office bldg., etc.)	(County) (State)	
burial, o			that I lost saw the decease and an the date stated above	
riar to		ACTUAL SIGNATURE 10 S Mud 50 M.D. 513-5 Appress (Street, city or town,	farruf Date signe	D
gistrar p		PHYSICIAN'S U.S. HUDSON		
the reg		REMOVAL (Specify) 1-2-57 Queens Chapel Cen. Murkey	k mcl.	
C. M.	23. H	1 121 6: = 6 111 12 20 21 11/16-1 16	mes Searcy	
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DECEIVED 1957

BUREAU V. S.

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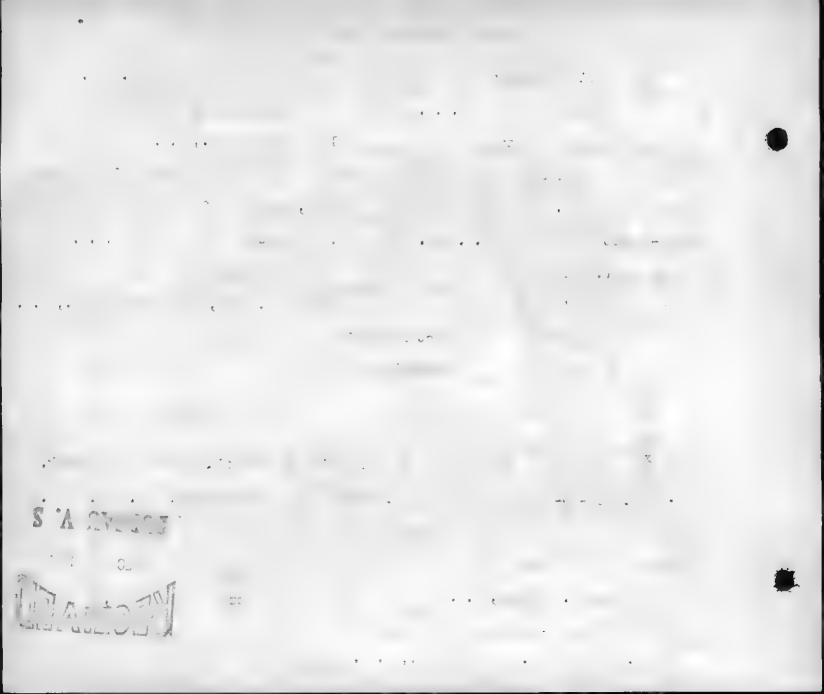
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		1-02	704			CERTIFIC			/L/3111	Reg.	Dist, No	, "	r
	OF DEATH	127	31			2. USUAL RESIDEN	CE (Where	deceased	lived. If Institu	ution Resi	dence be	ore odmi	ission)
o. COL	INI	Prince (eorge	MARY	LAND	o. STATE Ma	arylar	ıd	b. COUNT	Y Pr	• Ge	0.	
	OR TOWN (If give nearest lown)	outside corporate l'imits	, WING RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOW	/N (If outsid	e corpoi	rote limits, write	RURAL o	nd give n	earest to	wn)
	g to how en town	Riverdal	le	D.O.A.		Be	eaver	Hei	ghts				
		ME OR INSTITUTION		hospital, give street address)	d. STREET ADDRE		יא מי	ve., N.1	E.		ON	A FARMS
3. NAME		HOT TOTAL III	First	Middle	<u>II</u>	Last							
DECEA (Type o	SED or print)	Arla	ando	191105219		H111	4. DA	ATH	Decei		20		956
S. SEX				RRIED NEVER MARRIED	8.0	ATE OF BIRTH		9.	AGE Illi years	IF UNDE	RIYEAR		ER 24 HRS.
Male		Col.		WED DIVORCED [June 9,	1924		32 yrs.	Months	Days	Hours .	Min.
10a. USU/	L OCCUPATIO	N (Give kind of w	ork done 10	b. KIND OF BUSINESS OR I	NDUSTRY			eign cou		12. CI	TIZEN O	F WHAT	COUNTRY
	C-typis	g life, even if retir	ed)	U.S.Govt.		N. Car	olina				U.S	.A.	
	R'S NAME				- 11	4. MOTHER'S MAID	DEN NAME			!			
W:	illiam	P. Hill					Beaul	ah (Cooper				
	DECEASED EVE	R IN U. S. ARMED		16. SOCIAL SECURITY NO.	17. INF	DRMANT			Address				
Yes		Disc d				Willi	am P.	Hil	1, 1437	East	ern	Ave.	, D.C
18. C	AUSE OF DEAT	H [Enter only one	cause per l	ine for (c), (b), and (c).]							INTER	VAL BETWE	EN
		H WAS CAUSED 8		Fractur	ed al	cull					ONSE	T AND DEA	ATM
	16x	DUE	. ,										
Conc	dillans, if an	y, which)	(b)	Automob	ile a	eccident							
	rise to immed toting the u		*										
	e lost.	noerrying)	{c}										
CAUS CAUS	PART II. OTH	ER SIGN:FICANT C	CONDITION	S CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE 1	TERMINAL DI	SEASE C	CONDITION GIV	EN IN PA			AUTOPSY PRMED?
200. E	XTERNAL CAU	SE WAS	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Ente	or noture of injury is	n Port I or P	ort II of	item 18)				
	E OF DEATH.	IIKIBOTING LJ	Pa	assenger in a	n au	tomobile :	in col	llis	ion wit	h sto	pped	tru	ick.
	IME OF INJUR	Y Month, Day,		M. INJURY OCCURRED 20	e. PLACE	OF INJURY (Home,	form, 20f.			{Co	ounty)		(Stote)
6.6	OC xack	12-20-5		/hile Not while work of work	Str	street, office bldg.	1	Belt	sville,	Pr.	Geo	•	Md.
21. 1	certify th	at I took cho	rge of th	e remains described	above	, held an Aut	opsy 🔲	, Ins	pection 📆,	Inqui	ry 🚺	and	find that
deat	h resulted	from: Natur	at causes	. Accident 📆,	Suicio	de 🔲, Homie	cide 🔲,	Und	etermined o	ause [j. 🗖		
	()	1 -	1-4	A								D. 4 00 0	LCo IDD
SIGN.		Mn.	ME	loney		ALD, CHIEF MEDIC	AL EXAMINE	R 🔲				DATE S	IUNED
FYAR	AINER'					ASSISTANT MI	EDICAL EXA	MINER [
NAM	E (Type)	ohn T. M		7, M.D.		DEPUTY MEDI	CAL EXAMIN	VER TO	Dece	aber	20,	19	756
220. BUR A	AL, CREMATION VAL (Specify)	V. 22b. DATE THE	REOF	22c. NAME OF CEMETE					N (City, town,			(Stote	a)
Bu	rial	Dec-26	-1956	Arlington N	atio	nal Cemet	ery	Arl	ington,	Vir	gini	8.	
	AL DIRECTOR'S		0 -	ADDRESS		DUP T "	1 1 4 4	GISTRA	R 246. REGIS	STRAR'S SI	GNATUR	E	
Jo	nn T. R	nines &	U0+,	901 3rd St.,	9.	P. BATT	ELA	(1	" , A.P.	i ³		0	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND CINCK b. CITY OR TOWN (If outside corporate limits, write / & LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give genrest town) d. NAME OF HOSE JAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 0 MNG YES NO T . ⊑ NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) 0 WES DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Dovs WIDOWED [DIVORCED [YIL. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI guipa 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) 10.0 **DUE TO** 2 Conditions, if any, which pauB gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Hour e. jt. While factory, street, office bldg., etc.) Not while at work at work p. m. 21. I certify that I attended the deceased from what I last saw the deceased alive an_22 , and that death occurred at/______M, from the causes and an the date stated above. ADDRESS.(Street, city or towns state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) a GEAGE 22a. AURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or sounty) bage (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

BUREAU V. Z.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1/1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 B 6	_		12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12800
showid cremati	s. 0		1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE D. COUNTY b. COUNTY
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dre ne			d. NAME OF HOSPITAL OR INSTITUTION (16 Morpho), give street address) d. STREET ADDRESS d. STREET ADDRESS THE BOY 20 7 YES NO
ero! our F			3. NAME OF DECEASED (Type or print) (1920 - First Middle Cart Death North Day Year Death North 1956
fun or y or y		ŀ	(Type of print) (A COLD) OR RACE 7. MARRIED NEVER MARRIED 198. DATE OF BIRTH 9 AGE 110 years IFUNDER 14EAR IF UNDER 24 HRS
h. In the			Crucic Whati WIDOWED DIVORCED DI LOGE 2C, 1930 25 yrs. Months Days Hours Min
and 3 sond 3 sond 2 sond 2 wi	, 5	7	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even it retired) U. S. Chuferco North Caraline 12. CITIZEN OF WHAT COUNTRY?
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ges 5 n		, "	Laven Carl Johnson anne, tunderburg
Sive Po Sive Po 3. Pogo File p		1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (19 year, give word or defens of services 12 38-36-587 U. S. Ourforce Recently 3-7-5/6/2-6-46238-36-587 U. S. Ourforce Recently
18. Christernis.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
tem form sit p			MMEDIATE CAUSE (a) Non the Control of the Chief
be ey t in I with		4	Canditions, if any, which) to multiple Crushing engage to the body
penci llong ourig			gove rise to immediate course (o), stating the underlying DUE TO course last.
in i			Z PART II OTHER SIGNIFICANT COMMITTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COMMITTION COVER IN PART VIA 10 MAS AUTORS.
fing fing Off sed o			PERFORMER? YES NO P
pendiner's			200. EXTERNAL CAUSE WAS PRIMARY CLOS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) CAUSE OF DEATH.
ord ord xam			5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPANED 20e PLACE OF INJURY Home, form, 120f. (City or lawn) (County) (State)
NER whe wicoll			Hour o m Not hile Not
AMI ing ! Med Med			21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that
writ writh hief OR:			death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
EDICA ote,			ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
Y S S A S	; .	4	ASSISTANT MEDICAL EXAMINER
oute the grander funes/			NAME (Typh) DAMOS 1, DDV d DEPUTY MEDICAL EXAMINER D 1956
cote farm of FU	5		220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, topyn, or county] (Stote)
VS. A15ME(5)			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 44 1 240. REGISTRAR'S SIGNATURE
5M 9/55			W. W. Chambers 517-11 4 S. E. Date Warre Complete



1			19709	CERTIFICA	TE OF DEATH	BALIIMORE, 18	128()1 Reg. Dist. No.
Page 4		1.	PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Where on STATE aryland	deceased lived. If institution b. COUNTY	Residence before admiss on) Prince George
death funeral	M .			LENGTH OF STAY IN 16	E. CITY OR TOWN (If outside Hyatts ville	de corporate limits, write RUF e 3rd.	(AL and give nearest town)
b affer			d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION George Hospital	ress)	d. Street address 5600 36th A	ve.	e. IS RESIDENCE ON A FARM? YES NO
n 24 har		-1	NAME OF DECEASED [Tipe or print] First Lillie		nd On	DATE OF DEATH	5 L956 19 56
d within oletely f		5.	Female 6. COLOR OR RACE 7. MARRIED White WIDOWED		5-22-80		FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
execute nd cam on pape death.	/		c. USUAL OCCUPATION (Give kind of work done 105. KIN during most of working life, even if refired) At Home	TO OF BUSINESS OR INDUST	Pa.		12. CITIZEN OF WHAT COUNTR
be n or arbc		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E	
sicio re co			John McLaughlin		Mary D		
Physical Phy		15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO: ts. no. or unknown) 4 (If yes, give war or dates of service)		ORMANT	Addres	8
ing 6.72		_	no	one Har	ry C. Johnson	Above	
end end legs ithir	-	٠[18. CAUSE OF DEATH [Enter only one cause per line f				INTERVAL BETWEEN
he d			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronchopr	reumoni	A	48 hrs
the The	/ "	1/	332X DUE TO	1			
3 by	_	1		nebral	Thrombo	515	16 days
no. signection sit permond in o			gave rise to immediate cause (a), stating the under: lying cause last. (c)	zebnal A	nren103CL	enosis	5 year.
physical os beer ial-tran	c	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	19. WAS AUTOPSY PERFORMED? YES NO 🔼
Ficate h			200. ACCIDENT WAS UNDERLYING 200. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED.	(Enter nature of injury in Part	t or Part II of ilem 18.)	
PHYSIC Il or att nis certi use as matian,		MEDICAL	Hour e. n. While _	Nat while at work	E OF INJURY (Home, farm, 2 try, street, affice bldg., etc.)	lof. (City or town)	(County) (State)
for the party of t		1	21. I certify that I attended the deceased	from MANCH	195 / 10 D	ec 5 1956	that I last saw the decease
ENDIN he hos R: Aff rached burial			alive on Dec 5 , 19 5		occurred at 8:30 A.N		d an the date stated abov
OR ATT	4		ACTUAL Misman Danel	(foreau	3500 /	enry 57	12/5/5
OSPITAL / be reta JNERAL D je 3 shauld registror p		L	PHYSICIAN'S WORMAN DON	IAT Come	94	MTRAINI	en md
moy be		22	O. BURIAL, CREMATION, 276. DATE THEREOF DEC 8, 1952	2c. NAME OF CEMETERY OR	CEE/C 220	E. LOCATION (City, town, or	county) Ton (State)
WI A15 (4)		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7/19	240. REC'D BY	REGISTRAR 24b. REGIST	RAR'S SIGNATURE
15M 9/15			WEATER WE THEN THE	3417-1	M N PATE	70 (W.) - w	

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5	ig the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral	iner's Office along with form PM3. Page 5 may be retained for your fi	ges T and 2 with the registror prior to t
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The second state of the second	0	forwarded he Chief Medical Examin	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.
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VS. ATSME(S)

SM 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 12802MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE Penne b. COUNTY Mc Kane Prince Georges MARYLAND b. CITY OR TOWN (1f outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Wks. Kane Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 320 Hacker Street Prince Georges General Hosp. YES NO IN 3. NAME OF First Middle 4. DATE 1956 Month DECEASED HAHNSON OF DEATH MATTIE E. Deg. (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 68 (In yet 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. Female White Months Min. 30 April 1888 Days Hours WIDOWED P DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home U. S. A. Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tda S. Will G. Tate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 7200 F. AStreet 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 'No. Wm. G. Johnson None Seat Pleasant, Md. (Son) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Anasarca IMMEDIATE CAUSE (a) 404.0 **DUE TO** Conditions, if any, which Chrenic Pyelenephritis gove rise to immediate cause DUE TO (a), stating the underlying Fractured him couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAUDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO FT 20a. EXTERMAL CAUSE WAS PRIMARY Chor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OFCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stole) While Not while at work of work factory, street, office bldg, etc.)
Home of Son Seat Pleasant Pr. Geo. Md. 21. 1 certify that I tack charge of the remains described above, held an Autapsy [7]. Inspection [8], Inquiry [8], and find that death resulted fram: Natural causes 🗍, Accident 🛣 Suicide 🗍, Homicide 🧻, Undetermined cause 🗍. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER December 4, 1956 John T. Maloney, M/D. NAME (Type) DEPUTY MEDICAL EXAMINER 22 REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) McKane orrestlawn Cemetery Kane Penn. Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Hyattsville, Maryland F. Gasch's Sons edull/ DEC 5 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the hospital or attending physician.	OR: After this certificate has been signed by the ottending physician and campletely filled in the structure of the state of the structure of the state of the st	etached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and auld be filed with	burial, cremation, or removal, and in any event within 72 hours efter death.
may be returned by the hospital or at	TO FUNERAL MECTOR: After this cert	page 3 should be detached for use as the bu	the registrar prior to buriof, cremation

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		7 8 0 (, Carkini					Reg. Dist. No		17
1. PLACE OF DEATH o. COUNTY Pr	ince Jeorg	e's	MARYI	LAND	2 USUAL RESIDENCE 0. STATE	vland	d lived If instituti b. COUNTY			orge
b. CITY OR TOWN (I RURAL and give no Liyattsv		is, write	6 year		c. city or town Hya	(If outside corporate ttsvill		URAL and give no	arest town)
	AL (If not in hospital, g				d. STREET ADDRES		Avenue,	- 11		IDENCE FARM?
3 NAME OF DECEASED (Type or print)	Eu ;	zi	Middle ton		Jeri n	4. DATE OF DEATH	Mon	ith D	ay Y	fear
5. SEX prale	6. COLOR OR RACE white	7. MARRI	ED NEVER MARRIE	- 1	B. DATE OF BIRTH Aug 26,	1882	9 AGE (In years lost birthdoy) 74 yrs	Months Days		
100 USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if refired ed Stat	1 1 2 2 2			TRY 11. SIRTHPLACE (S		1	12. CITIZEN	DF WHAT	COUNTR
13. FATHER'S NAME	orge Jorda		J		14. MOTHER'S MAIDI	EN NAME				
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dotes of t		OCIAL SECURITY NO.	17, 11	Mary P. Jo	ordan	Add Hyattsvi		•	
	mmediate (ans	lemi	l	hamme.	·		NO NO	SET AND	WEEN' DEATH
lying cause lost.) (c				NOT RELATED TO THE TE			'EN IN PART 1(0)	19 WAS A PERFOR YES [RMED?
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour a. st. p. m.	Y Month, Day, Ye	While of work	Not while	20e. PL/ fac	CE OF INJURY (Home, tory, street, office bldg.,	form, 20f. (Cit)	r or town)	(County		(State)
21. I certify the alive an	at I attended the	decease , 19			A.D5901 Bai	t. Aye.		shat I last s and an the do	ite state	
10750	Leonard Ja				Hyattavi	lle, Md.				
270. BURIAL, CREMATIO	tion 1/3/5		22c. NAME OF CEME ±11swo		CREMATORY	22d. LOCA	TION (City, town, o	of county)	[State)
23. FUNERAL DIRECTOR		yatt.	ADDRESS Sville, Ma	ry1.		EC'D BY REGIS	FRAR 24b. REGIS	STRAR'S SIGNATU	RE Seon	P2
							- 7			7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PRINCE Gag. PRINCE GEORGE MARILAND PURAL 49 YEARS LANHAM

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12807

		OF CONTRACTOR OF	CERTIFICA	L OI DEATH	Reg. Dist. Na.
PLACE OF DEATH	12796		2. USUAL RESIDENCE [W		Ilution: Residence before admission)
	Prince George	S MARYLAND	o. STATE Mary	land b. COUN	Pr. Geo.
b. CITY OR TOWN (If	outside corporate limits, write RUR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	le RURAL and give nearest town)
Chever	Ly	20 min.	Hillsi	de	
		in hospital, give street address)	d. STREET ADDRESS		e, IS RES DENCE ON A FARM?
3 NAME OF	orges General	HOSDICAT Widdle		h Avenue	YES NO
DECEASED (Type or print)	George		lost		mber 22, Year
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
/ Male	white we	DOWED DIVORCED	Sept. 18, 1	873 83 pri	Months Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired		Farming	Virginia	•	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Robert Kell	ey	Elizabe	th Ashby	
	R IN U. S. ARMED FORCES' (If yes, give wor or dates of service		PORMANT	Addre	
			Thomas Whart	om; Same addr	828
	H [Enter only one cause pe	or line for (o), (b), and (c), j			INTERVAL BETWEEN ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiovascul	ar renal dis	ease	
1.44 A X	DUE TO				
Conditions, if or		Atterioscler	osis		
gove rise to immed (o), sloting the u					
couse lost.	} (c)				
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NA, DISEASE COND TION G	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
3					YES NO
PART II. OTH 20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Part	For Port II of 'tem 18.)	
3 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
20c. TIME OF INJUR	19	While Not while at work	ry, street, office bldg., etc.		
21. I certify th	at I took charge of	the remains described above	ve, held an Autopsy	🔲, Inspection 🔀	. Inquiry 🔼, and find that
deoth resulted	from: Natural cous	ses 🕝, Accident 🔲, Suid	ide 🔲, Homicide	, Undetermined	couse .
ACTUAL SIGNATURE	Pho D. M	Nalmen	M.D. CHIEF MEDICAL EX.	AMINER []	DATE SIGNED
			ASSISTANT MEDICA	L EXAMINER	
NAME (Type)	John T. Malo	nev. M.D.	DEPUTY MEDICAL E	XAMINER M Dec	. 23. 1956
220. BURIAL, CREMAT OF	N. 226. DATE THEREOF 1 4/24/56	22c. NAME OF CEMETERY OR	CREMATORY Uelletery	22d. LOCATION (City, town,	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24a. REC'D		ISTRAR'S SIGNATURE
f Jach's	Sons due	ttsville, Ad.	DATE		6- D
	y Salas ya	DESVILLED, AND		2 7 587 00-1	eluck

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1000

12808 Reg Dist. No. 808

Dir.					110							
	1. MACE OF DEATH a. COUNTY Prince George 's	MARYLAND	2 USUAL RESIDENCE (WHO NAME OF THE NAME OF	era deceased lived. If institution b. COUNTY	on Residence before admission) Pr. Geo 18 Co.							
	· b. CITY OR TOWN (If outside corporate limits, wri	ie c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside corporate limits, write R	URAL and give nearest tawn)							
	RURAL and give nearest town) Oheverly Md.	12 Days	Parkland		€							
1	d. NAME OF HOSPITAL (If not in haspital, give str		d. STREET ADDRESS		' e IS RESIDENCE							
-	Prince George's Genera	l Hospital	5102- Lubboo	k Street S.E.	ON A FARM? YES NO X							
	3 NAME OF DECRASED (Type or print) HOWARD	Middle M.	KERBY	4. DATE Mon								
	5 SEX 6. COLOR OR RACE 7 A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.							
	Male. White WID	OWED DIVORCED	8-14-1891	last birthday)	Manths Days Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?							
	during most of working life, even if retired). Sup 1. Eng. Public B. Adr.	. US. Gov.	Maryland		USA							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N									
	George F. Kerby		Mary A. M	arden								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes nos or unknown] #1 (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress							
	WW I	01:	ive P. Kerby	5102)Lubbock S	t. S. E.							
3	18 CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]			INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: RELEASE OF BURGLAND WAS CAUSE ON SET AND DEATH											
	DUE TO											
	Conditions, if any, which }											
	gove rise to immediate											
	cose (a), stating the <u>under.</u> Lying cause last.	-										
		NIS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	MAL DISEASE CONDITION CITY	TEAL INL DADY IT AND IN WAS ALLED SON							
	PART II. OTHER SIGNIFICANT CONDITION	TO CONTRIBUTION TO DEATH BOT	1401 KECKTED TO THE TERMI	IANT DIREATE CONDITION OIL	PERFORMED?							
	D NOT	~			YES NO							
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in t	Part I ar Port II of ilem 18.)								
		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	, 20f. (City or town)	(County) (State)							
	Hour a. m. 19 at	hile Not while rat wark	<u>ctoryc, straj</u> et, affice bldg., etc.	-								
	21. I certify that I attended the dec		7 105 LA	P ~ 27 10.5	Sthat I last saw the deceased							
	D. 100	1.25										
	alive on De Z. 1	2.2.6, and that deoth		/_ JM, from the couses of ADDRESS (Street, city or town,	and on the date stated above.							
	ACTUAL OF 7/	71 21-	5711100	The street of th	al Wall or a							
4	SIGNATURE	- alto	M.D. Z. Z. C. J.	uluesitul	1 NU S E							
y	NAME (Type) PAGE CVAN	MATTA	Wast	malen 2	8 2							
	220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOGATION (City, town, o	or county) (State)							
	Burial Dec. 24-56	Oedar Hill:	Cemeter	Suitland, Ma	ryland.							
	23/ FUNERAL DIRECTOR'S SIGNATURE	661- Good Hope R	240. REC'I	D BY REGISTRAR 246. REGJ	STRAR'S SIGNATURE							
1	Simmons Bros.	washington, D.O.	ONG D.E.	26 56	0000							



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DEC 11 1926 .

		MARYLAND ST	ATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	12810
		12799	CERTIFICA	TE OF DEATH	Re	g. Dist. No.
1	1. P	LACE OF DEATH . COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	esidence before admission) nce George
	Ė	RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ours	ide corporate limits, write RURAL	and give nearest town)
N.	-	NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ens)	d. STREET ADDRESS	A	. IS RESIDENCE ON A FARM
7		Prince George Gen. Hosp: AME OF First AME OF First AME OF First	Middle !	Lost 4	DATE Month	Day Yeor
-	5. 5	Type or print) Eleanor		LINER	P. AGE (In years IF U	195
		Female .hite WIDOWED	DIVORCED	Jehmary 12	190/ 55 yrs. Mo	nths Days Hours M
, [10a.	USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life even if retired)	D OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stote of	foreign country)	2. CITIZEN OF WHAT COU
1	13.	ATHER'S NAME	activist st	14. MOTHER'S MAIDEN NA	Nayland)	4,5
1)		albert Will	cams	Ella B	eggo	
	1\$. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC no. or unknown) (11 yes, give wor or dates of service)	TIAL SECURITY NO. 17. IF	OFFICE AND AND AND	Address	
<u> </u>		18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c).)		1 0	INSTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ngerlen	went	failure.	141
		Conditions, if ony, which) (b)	livosele	rater heed	It alivearo	142
		gove rise to immediate DUE TO				
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTO
)	CATE					PERFORMED YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING (20b. DESCRIB OR CONTRIBUTING (15 EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter nature of injury in Por	t I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. rt. While	RY OCCURRED 20e. PL/	ACE OF INJURY (Home, form, lary, street, office bldg., etc.)	20f. (City or town)	(County) (S
	ME	p. m. 19 of work	of work	~ ~ / / /	112 200	
		21. I certify that I attended the deceased alive on 12.13.19.5		accurred at 2.1.5A	M, fram the causes and	at I last saw the dec
					DRESS (Street, city or lown, state	
/		ACTUAL SIGNATURE	17-6	M.D		
		PHYSICIAN'S NAME (Type)			renderden wire 150 führ im som som som still som inn side som eine sole side side inn som som som so	
	220	BURIAL, CREMATIONS 226 DATE THEREOF 22	C. NAME OF CEMETERY OF	R CREMATORY 2	2d. LOCATION (City, town, or co	(State)
4	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS'	TIMEN I COLO	BY REGISTRAR PTD REGISTRA	R'S SIGNATURE
19		CX VETOL RIPRESCOM	Mest Hil	DATE DEC	21 56 While	ALLEY.

DEC TO DEC

BUREAU K. E.

ADDRESS

DATE

Gasch's Sons Hyatt: ville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

poge

23. FUNERAL DIRECTOR'S SIGNATURE

IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY? U S Washington D. C. INTERVAL BETWEEN 12 hrs PERFORMED? YES NO (County) (Stale) 19 27 that I last saw the deceased P.M., fram the causes and an the date stated above. (Stote) Colmar Manor, Md. 240 REC'D BY REGISTRAR 1 246 REGISTRAR'S SIGNATURE v Brows ich

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

YES NO IN

Year

195

Time was to the way.

dull.

9501 71 0.

4 permit. burial-transit certificate ZCTOR: shauld moy be r en O

Page director

death; ero

hours

puo

physician

attending

220. BURIAL, GREWATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

usur Jon

22c NAME OF CEMETERY OR CREMATORY

1. Came 42.34

24a, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

(Stote)

22d LOCATION (City, fown, or county)

DEC 11 1926 11

EUREAU BUREAU

(c)

MARYLAND	STATE	DEPARTMEN	NT OF HEALT	H-BAL	TIMORE,	18
MEDICA 12055	L EX	AMINER'S	CERTIFICA	TE OF	DEATH	1

Reg. Dist. No. 12813

	o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) o. STATE b. COUNTY								
	Prince George's MARYLAND	New York								
	b. CITY OR TOWN (II outside corporate limits, write RURAL and give necreal town) Oakland c. LENGTH OF STAY IN 1b Transient	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New York City 69 x - 3								
F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
	Marlboro Pike S.E. and Walker Mill Rd	131 West 18th Street YES NO.								
	3. NAME OF DECEASIO (Type or print) Raymond Henry	Lee Lost J. DATE Month Doy Year DEATH December 13 19 56								
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Male White WIDOWED 10 DIVORCED	DATE OF BIRTH May 18, 1883 P AGE (in years IF UNDER 1YEAR IF UNDER 24 HRS								
,	IGG. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF SUSINESS OR INDUST during most of working life, even if retired) Truck Farmer	11. BIRTHPLACE (Slote or foreign country) Virginia: 12. CHIZEN OF WHAT COUNTRY?								
	13. FATHER'S NAME Richard H. Lee	14. MOTHER'S MAIDEN NAME Mary Yeatman								
		rkie S. Lee Washington D.C.								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED 87; IMMEDIATE CAUSE (o) Hemorrhage and shock									
	Conditions, If ony, which goverise to immediate cause of the situation of the skull Conditions, If ony, which goverise to immediate cause of the right radius and Ulna Compound fracture of the right radius and Ulna									
	couse last. (c) Crushed chest and	abdomen								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDS, YES NOT								
		by an of automobile II of item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAN 12/13,956 While Not white of work of work	E OF INJURY (Home, farm, street, affice bldg., etc.) 20f. (City or fown) Oakland Prince G orge s Md								
	21. I certify that I took charge of the remains described abo	re, held an Autopsy 🔲, Inspection 📜, Inquiry 🕌, and find that								
	death resulted from: Natural causes [], Accident [], Suit	ide, Homicide, Undetermined cause								
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
	EXAMINER'S James I. Bord	DEPUTY MEDICAL EXAMINER December 13, 1956								
1	Burnal (specify) 12/17/V 6 washington	notional sulland, md = (Stole)								
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ON Hyatteville,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								

VS. A15ME(S) SM 9/55

BUREAU V. S.

9961.000

OB VIBO

VS A15 (4) 15M 9/55

MARYLAND STAT	E DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
12751	CERTIFICATE	OF DEATH		

1281430 Reg. Dist. No.

1, P	LACE OF DEATH	Georges	MARYLA	- 11	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE anyland Prince County or ses								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Md.						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1	Collage	Park, Md.				Coll	ege I	Park,	Md.				* * *
d	OR INSTITUT ON	TAL (If not in hospital, gi	re street	oddress)		d. STREET A	DDRESS				e	IS RESIDE	
	840					840	2 49	9th a	zenue			YES N	
C	NAME OF DECEASED Type or print)	Willar		Edgar	Lı	oyd lost		4. DATE OF DEATH	Dec		Day	Yeo	50
5. \$	male		7. MAR	RIED NEVER MARRIED	- 1 3	ov 4,			9 AGE (In years fost birthday) yrs	-	VEAR 1	F UNDER 2	Min.
100.	during most of wo	rking life, even if relired)		ab driver	NDUSTRY			or foreign co			ZEN OF	WHAT CO	OUNTRY?
13. [FATHER'S NAME					4. MOTHER'S	MAIDEN N	AME					
	Wi	llard E. Ll	oyd			Fanni	e Pro	octor					
15. 1 (Yes,	WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, gave wor or doles of set	ES? 16.	SOCIAL SECURITY NO.	17. INFC	RMANT lard E	. Llo	oyd	4809 Add	öri D	riv	е	
		ATH [Enter only one cou	se per l	ipg for (o), (b), and (c)]	/		0				INTER	VAL BETW	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	L	rouch	09	enic	C	arci	noma	,	UNSE	MC DE	0
	162 X	DUE TO			1								
	Conditions, if	ony, which) (b).			-								
	gove rise to couse (o), stating	immediate (-			1		
	lying couse lost.												
NO	PART IL O'I	HER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	'EN IN PART	1(0) 19.	WAS AUT	TOPSY
E .												PERFORM YES 🔂 N	
ü	OR CONTRIBUTING	AS UNDERLYING [] : G [] CAUSE OF DEATH MEDICAL EXAMINER)	ЮЬ. DES	SCRIBE HOW INJURY OCC	URRED. (I	inter noture of	injury in P	ort 1 or Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. jr. p. m.	RY Month, Day, Year	20d. While of wo	Not while	le. PLACE foctory	OF INJURY (H	lome, form, bldg., etc.)	20f. (City	or town)	(C	ounly)		(Stote)
	21. Leartify t	hat I attended the	decen	sed from aug	net	1056	to D	es.	4 105%	that I I	net em	a the de	
	alive on 7	071.21		56_, and that d									
	01110 011-12-7		ヘン	, and mar a	cum u	Lui pariou.			reet, city or town,		e dale		SIGNED
	ACTUAL	torent,	VIL	Vallan	-> H 0	18	30	K	50 AL	WI I	UTA	1 12	hela
		\ //			M.U	·				EK.L.S.	1		7.XL4
	PHYSICIAN'S NAME (Type)										7.0		
220.	BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEMETE	RY OR C	REMATORY		22d LOCAT	ION (City, town, i	or county)		(State)	
1	REMOVAL (Specify	12/7/36		Cedar di	11 C	emeter			land, M			()	
23. [FUNERAL DIRECTO	YS SIGNATURE		ADDRESS			24a. REC'D	BY REGIST		STRAR'S SIG	NATURE		
	F. Ga	ch's Sons	llya	ttsville Ad			DATE	011	11956	1 intern	1	vil P	
							- 3	. V. C	4. I w . be be	38 F & V 60	/ / .	11	

Dr. Malency notified + allowed me to sign certificate

Divalence mg.

BUILTIN V. S.

03

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12815
w	,		12856 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	X	_	PLACE OF DEATH , D. COUNTY D. COUNT
er death Funeral auld be	,	E	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
of Selection of Se	<i>f</i> -		d. NAME OF HOSPITAL (It not in hospital, give street oddress) OR INSTITUTION FI VOICE NUTSING home d. STREET ADDRESS* G. 15 RESIDENCE ON A FARM? YES NO
124 ha illed in es 1 ar		E	NAME OF DECEASED THEADORE A LYDD DEATH DEC 3/ 1957
s within felely finds.		5. <u>1</u>	
executed of comp of paper death.	,	100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) . 12. CITIZEN OF WHAT COUNTRY) during most of working life, even if retired)
ate be dician and e carbons after of		13.	FATHER'S NAME HEADORF I YNN FLORF NCF WADDELL
ing physice remove 72 hour	1),	15 (Ye)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT MACRY DAVIS BOWIE MC
attendiin n please r within	- 20		18. CAUSE OF DEATH [Enter only one couse penting for (o), (b), ad (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] STATE OF DEATH [Enter only one couse penting for (o), (b), ad (c).]
that the by the it. The ty even			Conditions, if any, which) (b) Conquictal Peromale /1
equires n. signed il perm id in or			gove rise to immediate couse (a), stating the under-lying couse tost.
c law r shysicio ss been al-trans		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? VES IT NO IN
AN: The Sanding I sicate he buri		CERTIFIC	20th ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20th DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Port 1 or Part II of item 19)
HYSICI I or otte iis certif use as I motion,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. js. p. m. 19 While Not while of work
bospita After the red far		_	21. I certify that I ottended he deceased from Buce 1, 1959, to 12/31, 195 Chat I last saw the deceased
ATTEN by the CTOR: defaci			ative on
reto RAL RAL Shauld be strar pria	и		PHYSICIAN'S J. M. WARREN
ncy be reposed the registr		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
5 5 5 5		120	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		1	Idgley Selly, 401 wash and DATE, " ? 1913
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LECEIVED 3 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12816 12857 Ttem 12 Film GROY 1-21-57 et CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENGE (Where deceased lived If institution: Residence before admission) a COUNTY filed a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate finals, write c. LENGTH OF STAY IN 16 c CIDY OR TOWN (If outside gorparate limits, write RURAL and give negrest town) RUPAL and girt nearest town 0 d. NAME OF HOSBITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE INSTITUTION ON A FARM? YES NO 3. NAME OF t First Middle 4. DATE Lost Day Year DECEASED OF DEATH MASSON (Type or print) 19.5 5. SEX 6. COLOR OF RACE IF UNDER YEAR IF UNDER 24 HRS MARRIED NEVER-MARRIED AGE (In years los Birthdoy Months Days Hours DIVORCED | WIDOWED I'Z YES papers. 160 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY A BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of tervice) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) handlever **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Ноог CARE Not while at work of work 21. I certify that I attended the deceased from Cithat I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City flown, or county) (State)

ADDRESS

MEC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



1.	,			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 9 Q 1 17
\$ 8 TE				MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
please of should crematic	7		1. Pi	ACE OF DEATH COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY
Page 4	1.	-/-	Ъ.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town)
Po Po po po po po po po po po po po po po po				Hyattsville D.O.A. E.Laurel
by is no				NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)
uny dela unaral d yaur fi' egistrar			(1	AME OF First Middle Lost 4. DATE Month Day Year OF DEATH DEC. 13, 19 56
he fa			5. SE	lost barthdor)
things to the				Wille Wille Wille
fier dea and 3 be reta			10a. du	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) Elevator operator U.S.Govit. Unknown
thours a ages 1, 2, ye 5 may pages 1 c			13. 8	Unknown Unknown Unknown
hin 24 h iive Page Page File pa	4			VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, INVOSTIGATING Officers decords ? !! Invostigating Officers decords
18. Grm PM3	1	1		8. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
E E E		١ / ا		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Hemorrhage and shock
in the vith fundations;				Conditions, if any, which) (b) Fracture dislocations of cervical and thoracic
pencil pencil stang v buriat-i		Ę		gave rise to immediate cause (a), storing the underlying out to Automobile accident.
in sharing in the case of the			_ }	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 39. WAS AUTOPSY
Fired Ping.			NATIO	PERFORMED? YES \(\square\) NO \(\square\)
ner s		- }	CERTIFICATION	Og. EXTERNAL CAUSE WAS RIMARY OF CONTRIBUTING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After alighting from the contributing of the
This				bus, struck by automobile while crossing street.
the wo dical E			MEDICAL	7.05 p. m. 12-13-56 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fortpry, street, office bidg., etc.) Street 12-13-56 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fortpry, street, office bidg., etc.) Street 12-13-56 19 County) (County) Pr. Geo. Md.
KAN Iting Me				21. I certify that I took charge of the remains described above, held an Autopsy 🔲. Inspection 🛂, Inquiry 📇, and find the
Shied OR:			1	death resulted from: Natural causes 🔲, Accident 🖭, Suicide 🔲, Homicide 🔲, Undetermined cause 🗍.
reate the of REC				ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
he year				ASSISTANT MEDICAL EXAMINER DEC. 13, 1956
cute I farwo	3		22o.	EURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12/13/36 Fort Lincoln Celetery Coline anor, id.
Ve Alexandre			23. F	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D, BY REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55	1,	× [P'. Grach's Sons dyattsville, Ad. DATE 900

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12758

CERTIFICATE OF DEATH

Reg. Dist. No. 245

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence o STATE A) b. COUNTY	before admission)
	PRINCE GEORGE MARYLAND	(0, 5,	
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
	HYATTSVILLE 1-6-55	EAST KUTHERFODD	
- dem	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
1	SACRED HEART HOME	192 PATTERSON HUE	YES NO
	3 NAME OF DECEASED (Type or print) SUSIAN A. Middle	C CUNE 4. DATE Month OF DEATH 12 -	Day Year 1956
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (in years IF UNDER 1 lost birthdoy) Months D	YEAR IF UNDER 24 HRS.
	Female WHITE WIDOWED DIVORCED	11-23-83 71 yrs.	Pays Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIES OF MORE AND M	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?
1	House wite	N. J	1. S. A.
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WOHN COLDEWEY	I MARIE -	
	(Yes, no or unknown) (If yes, give war or date of service)	NFORMANT Address Ken	NEDY DRIVE
3	\mathcal{D}_{ℓ}	P. WALLACE H. McCUNE KENWOO	D. MD.
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Congestive hea	rt Tallure	30 days
	420.0 DUE TO		
	Conditions, if ony, which) (b) Arterioscerot	ic heart disease	5 vears
i	gove rise to immediate case (a), storing the under-		
	lying couse lost.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19 WAS AUTOPSY
)			PERFORMED?
8	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Part II of item 18.)	YES NO X
	OR CONTRIBUTING CAUSE OF DEATH IT EITHER NOTIFY MEDICAL EXAMINER)	Critical nature of injury in Port Edit for 11 of 11999 10.)	
		ACE OF INJURY (Home, farm, 20f (City or town) (Co	unty) (State)
	Hour C. m. While Not while for p. m. 19 at work of work	tory, street, office bldg., etc.) Hyattsville	Md.
	21. I certify that I attended the deceased fram. 11/29/	51, 19 , to 12/15/56, 19 , that I la	
		occurred at 1 40 B. M. from the causes and an the	I de la
	dive on and that death	ADDRESS (Street, city or town, stote)	
	ACTUAL XZ 7 (1000'		DATE SIGNED
	SIGNATURE OFFICE TO THE SIGNATURE	M.D. 322 H Street N.E.	
	PHYSICIAN'S		
	NAME (Type) Thomas F. Collins, M. D.	Washington, D.C.	
	220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O		(Stote)
	REMOVAL (Specify) 12-15-56	l'D	D. T
		TUTHE FOR D. 240, REC'D BY REGISTRAR 240, REGISTRAR'S SIGN	JATINE .
	7- 10 00. 3821-14-01	W. C. STORY CO. RECUSTRARS STOR	1
	Francis Gellins WASH. I	O.C. DATELLER, 201956 mo Jan	bevere



BUREAU V. 5

VS A15 (4) 15M 11/55

1	
e funeral director,	Should be filed with
g physician and completely filled in	remaye carbon papers. Pages I and 2 should be filed will
g physician and	remave carbon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12820 12858 **CERTIFICATE OF DEATH** Reg. Dist. No.

		ince George		MARYI	AND	2 USUAL RES o. STATE	IDENCE (WH	iere deceased	lived If institution b. COUNT	Princ	e Jeo	rges
\ !	b CITY OR TOWN (I RURAL and give no Prandrain		ts, write	c. LENGTH OF STAY	N Ib	c. CITY OR		dywine	ote limits, write			
ヘカ		AL (If not in hospital, g	ive street o	oddress)		d. STREET		ay wille				S RESIDENCE ON A FARM? /
	3. NAME OF DECEASED (Type or print)	Frances	sř	Middle Edith	M	ldd	st	4. DATE OF DEATH	Dec.	12 19	Day 156	Yeor 19
	5. SEX	6. COLOR OR RACE	7. MARRI	DIVORCED	<u> </u>	May 8	тн L870	1	AGE (In years lost birthday)	IF UNDER Months		UNDER 24 HRS
1	during most of work housewife	ON (Give kind of work or ing life, even if retired)	Jone 105, 1	aelf	RINDUS	Md.			untry)		IZEN OF V	VHAT COUNTRY?
3	13. FATHER'S NAME Jordon	n Middleton	-			14. MOTHER!	y File	an Dyer	2			
4	15. WAS DECEASEDEVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR		OCIAL SECURITY NO.		FORMANT ernard !	fudd		Brandy	vine,	113.	
G	PART I. DEA 4/50, 0 Conditions, if a gove rise to it couse (a), stating lying couse lost. PART II. OTH	the under to the u	DITIONS CO	Confer Emply Briter	m	md xele NOT RELATED TO ellit	THE TERMI	NAL DISEASE			3 10 11(0) 19. y	Week Wesh NAS AUTOPSY ERFORMED?
î	20c. TIME OF INJUR Hour a. p. m.	at I attended the	20d. IN While of work decease	JURY OCCURRED Nor white of work d from Pac	200. PLA foct death	CE OF INJURY Ony, street, office 19.5 occurred at	(Home, form, e bldg., etc.	20f. (City of	or lown)	Cathat I I and on the stotel	last saw ne date	
	REMOVAL (Specify) 23. FUNERAL DIRECTOR	12-15-56		Mt. Carmel				Marlbo BY REGISTR	ro, Ma	ryla no		(Stote)
	Huntt Fune	ral Home		Waldorf,	Md.	;± \	DATE	0.15	13 1	The	2/	1

BUREAU V. E.

DEC 19 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page may be relicingly the hospital or attending physician. TO FUNERAL LECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled wither registrar prior to burial, crematals, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12859

CERTIFICATE OF DEATH

12821 Reg. Dist. No.

1. PLACE OF DEATH • COUNTY,	-20 +	MARYL	O. STATE	DENCE (Where deced	b. COUNT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charantyr 6days			1 1b c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville				
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION 1 0 000 15 000000000000000000000000000			d. STREET	d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO THE	
3. NAME OF DECEASED (Type or print)	Fint Orrest	Middle E 2	Tallisean	st 4. DATI	H4	nth D	y Yeor	
ile [7.	1 - WIDOWE	DIVORCED	B. DATE OF BIRT	1003	9. AGE (In years last birthday) 72 yrs	- 1/4	19 56 R IF UNDER 24 HRS Hours Min.	
100. USUAL OCCUPATION (Give ki during most of working life, ev	nd of work done 10b. en if retired)			LACE (State or foreign	i country)	12. CITIZEN C	OF WHAT COUNTRY?	
3. FATHER'S NAME John Mullican				14 MOTHER'S MAIDEN NAME				
				ia Blundoi				
15. WAS DECEASED EVER IN U. S (17 yes, mo. or unknown) (17 yes, give w	ARMED FORCES? 16. Sur or dates of service)	none	Mrg. Lou:	ise Mullic		tsville,	, 4-d.	
18. CAUSE OF DEATH (Enter PART I. DEATH WAS C IMMEDIA! Conditions, if any, which gave rise to immediate cause (a), storing the under- lying cause lost.	AUSED BY: TE CAUSE (o) DUE TO	Myo car	rdial In:	farction	Jion"	ON	SET AND DEATH	
CAT		ONTRIBUTING TO DEAT				VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
		RIBE HOW INJURY OCC						
Hour o. ft.	19 While of work	Not while of work	De. PLACE OF INJURY (factory, street, offic	e bldg , etc.)		(County)		
21. I certify that I atter alive on 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify)	het-	22c. NAME OF CEMETE	eath occurred at	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		and an the da		
23. FUNERAL DIRECTOR'S SIGNATU		ADDRESS	ZI OCMC CCI	24a. REC'D BY REGI		STRAR'S SIGNATU	RE	
F. dauch's a	ons alvatt	svilla slas	lynelyn	DATE GOOD OF	TET DER	1 . 12:		

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BUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- 1/			12862 CERTIFICATE OF DEATH Reg. Dist. No. 142
ied in	1 "	1.	PLACE OF DEATH O. COUNTY O. STATE O. ST
funeral	X		b. CITY OR TOWN (If outside corporate limits, write c. CINGTH OF STAY IN 16 RUBAL and give nearest town) Stane Heighta 3/years Bare Heighta
s after			d. NAME OF HOSPITAL (If not in haspito), give street oddress) OR INSTITUTION 17/1 Kernelworth Am 17/1 Kernelworth Am YES NO ID
n 21 ha			NAME OF DECEASED (Type or print) CHARLES JOSEPH OBOLD DEATH Security 18 1956
d within oletely f rs. Pag		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HKS. WILL WIDOWED DIVORCED CAUSE 1/4/85/ 1017 birthody) Months Days Hours Min
execute nd camp n pape death.	1	100	during many of working life even if retired) Washington (Give kind of work done) 10b wind of BUSINESS OR INDUSTRY 11. Bust HPLACE (State or foreign country) Washington DC U-SA
ician at e carbo		13.	Charles M. abold Clen E. Weise
certification of physical common physical comm			WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO O' UNDROWN) (If you, give war or dates of service) NONE NON
attendi n pleas t within			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] Jacketteriese (author Vacualine)
by the lit. The ny even			442× DUE TO Conditions, if easy, which } But Acres Decree
aquirents in signed in our not in our			gave rise to immediate couse (a), stating the under. lying cause lost. DUE TO
physicis as been iol-troni aval, a	4	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
ending ficate h ficate h the bur		CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B)
PEYSIE al ar ath his certi use as smatian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. st. ## Hour o. st. ## ## ## Hour o. st. ## ## ## ## Hour o. st. ## Hou
IDINE hospite After the thed for rial, cre			21. I certify that I attended the deceased from July 20, 195 4 to 2011. 1954 that I last saw the deceased alive on 1911 1911 and that death occurred at 3 19 M. from the causes and on the date stated above
by the CTOR: se detaction of to but	,		ACTUAL SIGNATURE William Branch MD 6124 Cinted Ame 12/18/56
TAL CIP	,		PHYSICIAN'S WM. BRAIN'IN Cufetof Hate my
HOSPI noy be FUNEX xoge 3 a		220	PERIONAL CREMATION. 22b-DATE THEREOF 22c. NAME OF COMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Stote)
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 2-2/-5/
19111 17 34		7	The state of the s

BUREAU V. S.

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12759 CERTIFICATE OF DEATH

Rea. Dist. No.

1610		0. 0	·	Reg. Dist. No.			
. COUNTY Frince George's	MARYLAND	o. STATE darylar	id b.county	e deorge 1s			
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) My.tt.ville, Ad.	6 Months		tside corporate limits, write Ri 11e, Md.	URAL and give nearest lawn)			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3225 Powder Mill Road	address)	d. STREET ADDRESS 3225 Powde	er Mill Rd	e. IS RESIDEN ON A FARI YES \(\) NO			
3. NAME OF First DECEASED (Type or print) Harold	Herbert	Parsons	4. DATE Mon Dec				
male white widow	ED DIVORCED	8. DATE OF BIRTH Dec 13, 1898		Manths Days Hours M			
Oa. USUAL OCCUPATION (Give kind of work dane 10b during most of working lile, even if retired) **Retired*** **Itolesale	Grocery Busi	ness Wo	r foreign country) est Virginia	U.S. A			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Orlander Parsons		Margaret 2	Meller				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (You, no, or unknown) Y CS W W 17 18 19 19 19 10 10 10 10 10 10 10		nformant izabeth *arso	Add ns dyattsvil				
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS (C)	enemal.	accident	extend!	INTERVAL BETWEE ONSET AND DEA			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO POSSIBLE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
<u> </u>	Not while for	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County) (S			
21. I certify that I attended the decease alive on 12/5, 19.5 ACTUAL SIGNATURE PHYSICIAN'S CO. LOUIS M.	Martel	occurred at/Q:05/	M, from the causes a DORESS (Street, city or town.				
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/11/56	22c. NAME OF CEMETERY OF	R CREMATORY	nd. LOCATION (City. town, of Hyattsville				
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS	24o. REC'D	BY REGISTRAR 246 REGIS	TRAR'S SIGNATURE			
F Gasable Done Heat	tavilla Ma	INFO	1 0 40 Et /	7 1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 havrs after death. Page 4 may be rely by the haspital or attending physician.

TO FUNERAL CETOR: After this certificate has lieven signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remaye carbon pagers. Lages 1 man louid be filled with the regist may only to burial, cremation, at remayal, and in any event within 72 hours after death. TO FUNERAL VS A15 (4) 15M 9/55

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? hours YES NO K NAME OF Middle 4. DATE Year DECEASED OF Quithevine (Type or print) DEATH Der 1956 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours le maly WIDOWED [DIVORCED [7] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME Beaton Susan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ging Une now Char CAUSE OF DEATH [Enter only one cause per line fgs_(o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:

/ P 4 IMMEDIATE CAUSE (6) **DUE TO** ony Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause tost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PEPFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURPED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) [County] (Stote) Hour o. st. factory, street, office bldg., etc.) While Not while 19 p. m. of work of work 21. I certify that I attended the deceased from Shat I last saw the deceased 43 MM, from the causes and on the date stated above. SIGNATURE PHYSICIAN'S L.W. Malin NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Lincoln, Virginia 0 ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DOC 201956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12805 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Columbia MARYLAND District of Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town! Riverdale days Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Eugene Leland Memorial Hospital 2211 Minnesota Ave.S.E. YES NO IX 3. NAME OF 4. DATE Middle Month Year DECEASED 4th. CHARLIE LEE PUGH December 1056 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS Doys Hours Male White Nov.12th. 1890 DIVORCED [7] WIDOWED | 66 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Construction Virginia USA Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Haskins Silas Pugh Jane physicio 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Willie G. Pugh. 2211 Minn. Ave. S. E. Wash. DC No Yes guipa None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Coronary Occlusion hours DUE TO Arteriosclerotic coronary heart disease Conditions, if any, which I vears gove rise to immediate DUE TO cause (a), stating the underlying couse lost, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Carcinoma of Transverse Colon with Obstruction YES NO IN 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. n. Not while at work of work 21. I certify that I attended the deceased from Nove 17th 1956, to Dec. 4th 1956, that I last saw the deceased ___, and that death occurred at 1:57PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 4404 Queensbury Road Dec.4th.56 8 PHYSICIAN'S NAME (Type) Riverdale, Md. Rowland F. Wilkinson 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, ar county) (Stote) page 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR W.W.Chambers Co. 517 -- 11th St.S.E. Wash VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		MAKTE	AND 3	IAIE DEP	AKIN	LENT OF HEAL	TH-BAL	TIMORE, 1	8	- 1	283	37
12865 CERTIFICATE OF DEATH Reg. Dist. No. 242												
	PLACE OF DEATH O. COUNTY Pri	noe Georg	ges	MAR	YLAND	2. USUAL RESIDENCE	(Where decease	d lived If institute b. COUNTY	on Residenc	e before	odmissi	on)
	b. CITY OR TOWN (IF RURAL ond give ned anchester	rest fown)	s, write	ELENGTH OF STATE		c. CITY OR TOWN	lif outside corpo		JRAL and g	ive near	est lown)
F	NAME OF HOSPITA	ton Lane	ve street od	idress)		d. STREET ADDRESS		treet S	E.	•		DENCE FARM? NO
	NAME OF DECEASED (Type or print)	EMMA	ı	MATIL:		SCHAUB	4. DATE OF DEATH	Mon	th	d,		, 56
F	'emale	White	WIDOWED		ED 🗌	B. DATE OF BIRTH Dec. 30th,		9. AGE (in years jost birthday)		Days	Hours	R 24 HRS Min.
Oo	USJAL OCCUPATION during most of works HOUSEW	N (Give kind of work d no life, even if retired) ITE	one 10b. KI	At hom		STRY 11. BIRTHPLACE (SI Washin	_		12. CITI	USA	WHAT	COUNT
3.	Charles	B. Bean				14. MOTHER'S MAIDE Katura	Humme:	r				
5. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORG	IES? 16. SC	None		nformant arie McCuli	ly, 54	06 Guns		ane	da.	ма
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chara Interest Tallett Failure									T AND		
Conditions, if any, which and the Conditions of												
7	couse (o), stoling the under- fying couse lost, (c)											
YES 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								PERFOR	NO [
MEDIC	20c. TIME OF INJURY Hour o. n. p. m.	Month, Day, Yea	While of work	URY OCCURRED Not while of work	20e PL fo	ACE OF INJURY (Home, fi ctory, street, office bldg.,	orm, 20f. (City atc.)	or fown)	(C	ounly)		(Stote
	21. I certify the	it I attended the	deceased	- 4	19 t death	51, 19, to	A.M. from	n the causes a				
	ACTUAL SIGNATURE	With	liae	lecen			ADORESS (S	treet, city or town, a Ave. S	store)]2/	(2/1	19F)	
	PHYSICIAN'S NAME (Type)) J.H.Thi	bade	au								

22c. NAME OF CEMETERY OR CREMATORY

Washington Nat'l

Cem.

24a. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Suitland, Pr. Geo. Co. Md.

245 REGISTRAR'S SIGNATURE

TO HOSPITAL

220. BURIAL, CREMATION, REMOVAL (Specify) BULLAL

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

/1956

W.W.Chambers Co.,517--11th St.S.E. Wash.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	,
£	19908 CERTIFICATE OF DEATH	
۵	PLACE OF DEATH O COUNTY O COUNTY O STATE D COUNTY D COUNTY O STATE D COUNTY D COUN	=
1 81	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest form) RURAL and give nearest form) RURAL and give nearest fown)	-
400)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION Level 1 Permarial 1/05 p. 6219-44thane. 1 e 15 RESIDENCE ON A FARM? YES NO B.	
19	13. NAME OF DECEASED (Type or print) Susan Melinda Siedling Death 12 18 195	6
~	5. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4 ps birthday) Months Days Hours Min.	_
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY of working life, even if retired)	¥?
	5. FATHER'S NAME WILLIAM Siedling 14. MORTHER'S MAIDEN NAME MILLIAM Siedling	
· walker	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Riverdale, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO D	fo
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO	lu-us
gaged.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO	=
	OR CONTRIBUTING I CAUSE OF DEATH URLED I CAUSE OF DEA	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour a. jr. While Not while at work of otwork of work	
	21. I certify that I attended the deceased from DUC / 0, 1936, to DUC / 8, 1936, that I last saw the decease alive on DUC	
1	ACTURE ADDRESS (Street/Eity or Igon, state) ADDRESS (Street/Eity or Igon, state) ACTURE ADDRESS (Street/Eity or Igon, state) DATE SIGNE SIGNATURE M.D. WERLEL 2016 1218-	
· ·	PHYSICIAN'S Riverdale, Md. 12/18/56	
	20. BURIAL, CREMATION, PEMOYAL (Specify) 12/2)/56 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) Prederick, ild.	-
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	-
	1275 x2XVO	=

BUREAU V.

BECEINED

ADDRESS

Riverdale. Md.

Company.

GEORGEUS RIVERDALE P.O. e. IS RESIDENCE YES NO Y Month Year DACERER 10 56 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Address 5705--67th ANTEN OF BETWEEN PERFORMED? YES NO (County) (State) that I lost saw the deceased DATE SIGNED 22d LOCATION (City, town, or county) (State) St. Raymond's Cemetery Bronx, 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

pode 15M 9/55

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

W.W.Chambers

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BUALLU V. S.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Prince Georges b. COUNTY Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. Maye d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 65 YES NO NAME OF First Middle 4. DATE Day Year DECEASED John Carl (Type or print) Sims DEATH December 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Male White WIDOWED [DIVORCED [June 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
Soldier U.S. Army U.S.A. Tennessee 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pages Lela Jacksen John Carl Sims Poges Poge 1634 Fort Dwoont St. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT B. Give I Mother: Washington, D.C. currently 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) DUE TO Runtured heart Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying Automobile accident O PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 9 PERFORMED? NO [20b. DESCR BE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING Driver of an automobile in collision with another CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg, etc.) Not while While 12-17- 195 of work at work Highway mear E. Pines. Pr. Geo. Md. 21. I certify that I took charge of the remains described above, held an Autapsy [4], Inspection [7], Inquiry [7], and find that death resulted from: Natural causes ... Accident ... Suicide ... Hamicide ... Undetermined cause ... DIRECTO 0 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER December 17, 1956 NAME (Type) John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 20-56 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRARY VS. A 15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

DEC 21 1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12845 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COURTY filed Marcos MARYLAND b_GIY OR TOWN (If outside corporate limits, wafte c. LENGTH OF STAY IN 16 CITY OR TOWN HI outside-sprparate limits, write RURAL and give nearest fawr) and give nearest lawn) d. NAME OF HOSP TAL If not in hospital, give street address e. IS RESIDENCE OR INSTITUTION Mine YES NO NAME OF Middle 4. DATE Last Year Day DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE LIN Years IF UNDER 1 YEAR IF UNDER 24 HRS dirthday) Months Days WIDOWED F USUAL OCCUPATION (Give kind of work done 10b_KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DENTH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING IT 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.] Hour o. rt. While Not while of work all work p. m. 21. I certify that I attended the deceased from Sthat I last saw the deceased and that death occurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220, BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. AOCATION (City, town, procounty) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55



TO DEPUTY MIDICAL EXAMINER: This cartificate should be executed within 14 hours ofter death. If ony delay is necessory, please execute the official withing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar proof to buriol, cremation, ar removal. VS. A15ME(5)

5M 9/55

		MED	ICA	L EXAMINE	R'5	CERTIFICA	TE OF	DEATH	Reg. Dis	No.	2846
1.	PLACE OF DEATH	1.60	93			2. USUAL RESIDENCE (zed lived. If institu	tion: Residen	ce before	odmission)
	o. COUNTY	rince Georgal	S	MARYLI	LND	o. STATE Virgi	nia	b. COUNT	(
	b. CITY OR TOWN (It outside corporate limits, write &	URAL	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (rporate limits, write	RURAL and o	ive near	est lawn)
	Tryon M	rlboro		3 years		Danville	9		X		
	d. NAME OF HOSPI	TAL OR INSTITUTION (IF	at in hos	pital, give street address)		d. STREET ADDRESS			1	0	IS RESIDENCE ON A FARM?
	In vacant	t lot at Ford	Lun	iber Company						Y	ES NO.
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Monti		Day	Year
	(Type or print)	ceorge				Sutzer	DEATH	Decemb	er 2	16	1956
5.	SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED	3.	DATE OF BIRTH		9. AGE In years fait birthday	IFUNDER 1		UNDER 24 HRS
	'Ale	0020200	VIDOWET		k	April 16, 1	914	42 yrs.	Months D	nys : Ho	ours Min,
100	o. USUAL OCCUPAT	ION (Give kind of work doing life, even if retired)	ne 105. K	IND OF BUSINESS OR IN	DUST	RY 11. BIRTHPLACE (State	ar fareign	country)	12 CITIZI	N OF W	VHAT COUNTRY
	Loborer		G	eneral		North Ca	arolin	a .	T T	J. S.	A.
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Aloy	Sutzer				Relle Joi	inson,	3 14 14 18 14 14 14	Kin Rugar	[
15	. WAS DECEASED E	VER IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. IN	IFORMANT		Address			
5	Yes 1	11 11 11 11 11 11 11 11 11 11 11 11 11			75 A	rs Belle S	utzer,	same as	# 2		
ATION	Conditions, if gave rise to imme (a), stating the couse last.	ediate cause	TIONS CO	ONTRIBLTING TO DEATH	BUT N	OT RELATED TO THE TERM	NINAL DISEA	se condition giv	EN IN PART		PERFORMED?
L CERTIFICATION	200 EXTERNAL CA PRIMARY DOOR CO CAUSE OF DEATH	· I	ay o	ut in an op	on	nter nature of injury in Pa	ed to	the winte	r weat		
WEDICAL MEDICAL	nightp, m.	12/25/ 1956	While	rk at work 🔯 🕮	facto	TE OF INJURY (Home, for ory, street, office bldg, etc.)	th Un	per Harlt		. G.	
	21. I certify t	hat I took charge o	if the r	emains described	aba	ve, held an Autap	sy 🕝 , 🗆	nspection	Inquiry	[], o	and find the
	death resulted	d fram: Natural co	uses 🗌	, Accident A	Suid	cide 🔲, Hamicid	e 🔲, U	Indetermined c	ause 🔲.	# ~	
	ACTUAL SIGNATURE C	2010)	9:	Dorph		_M.D. CHIEF MEDICAL E	CAL EXAMIN	ER 🗆		Đ.	CEMPIS STA
-	NAME (Type)	James I.		200		DEPUTY MEDICAL		DE L	ember	25,	1956
220	REMOVAL ISPECIA	22b. DATE THEREOF 12/30/56		22c. NAME OF CEMETER Oak nil		Cemetery		TION (City, town, or ville V		ล	(Stote)
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN		-
	i'. ia ch	s Sons Hvat	terri	illa Ma		DATE	, ",4	c. 7	1 1	No. 6	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NA.

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after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that he death certificate be executed within 24 haurs

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2813	CERTIFICATE OF	DEAT
		2000

160 1				Keg. Di	ST. 140.	
1. PLACE OF DEATH b. COUNTY Thing donne	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased live ਹੋ ਨਸਰ੍ਹੇ	d If institution, Resider b. COUNTY	e before odm	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chovorly	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Chever)		imits, write RURAL and	give nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	} +1, 4	70	ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Middle	Lost To P	4. DATE OF DEATH	Month	Day	Year 19
5. SEX 6. COLOR OR RACE 7. MARRI	EN NEVER MARRIED	8. DATE OF BIRTH	00 10	GE (In years IF UNDER st birthday) Months	Days House	DER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. a during most of working life, even if retired) Outhern	THIS OF BUEINESS OF INDIV	STRY 11. BIRTHPLACE (Stone of			TIZEN OF WH	AT COUNTRY?
13 FATHER'S NAME	7 3	14. MOTHER'S MAIDEN N			,	
15. WAS DECEASED EYER IN U. S. ARMED PORCES? 16. S (Yes, no, or unknown) (If yes, give wor or dayles bit service)	1	NFORMANT	() ~	Address	# 2	(I) J. Y
18 CAUSE OF DEATH [Enter only one couse per line		and Ja	9	Account (C)	INTERVAL ONSET AN	BETWEEN DEATH
1471 X DUE TO	surrer of c	recipositi	-612		24	orenz.
Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse tost. (c)						
PART 18. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COI	NDITION GIVEN IN PAR	T 1(0) 19. WA PERI YES [FORMED?
OR CONTRIBUTING IS CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	CEnter nature of injury in P	ort I or Part II of	item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	_ Not white had	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or to	wn) ((County)	(State)
21. I certify that I attended the decease olive on 12/29 195		, 19 <i>66</i> , to accurred at 5,304		196 Shot I		
ACTUAL SIGNATURE JAKEN K	hae		DORESS (Street,	city or town, state)		DATE SIGNED
PHYSICIAN'S John Kehoe		Cheverly	, Md.			
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/1/57	ZC NAME OF CEMETERY OF Livergreen		22d. LOCATION Blad	(City, fown, or county) ensburg,	id. (St	ate)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	246. REGISTRAR'S SIG	GNATURE	
". Gasch's Sons dvatt.	svillo Mansel	and DATE	Y 2 200-000	20		

FIREAU V. S.

2551 2 Nvi



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If Institution-Residence before admission) a. COUNTY 6 COUNTY b. CITY ORATOWN (If outside corpaçore finish, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give reporest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? ES NO 3. NAME OF Middle 4. DATE First DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH/LACE (Lote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? 14. MOTHER'S MAIDEN NA 15 W S DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1Z. INFORMANT 160 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which] gave rise to immediate cause **DUE TO** (a), stoting the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPS PERFORMED? NO C 200, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2Ge. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Store) factory, street, office bldg., etc.) Not while. o. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection W. Inquiry . ond find that DIRECTOR: death resulted from: Natural causes ... Accident . Suicide . Homicide . Undetermined couse . ö DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER' NAME (Type) 220 BURIAL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCAHON (City, town, or county) (Stote) MOYAL (Specify) ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5)

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VS A15 (4)

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Prince Geroge	MARYLAND	2 USUAL RESIDENCE (Who a. STATE ny Lanc	ere deceased lived. If institution b. COUNTY	rince George
b. CITY OR TOWN (If outside corporate limit RURAL and give gearest fown)	s, write c. LENGTH OF STAY IN 16		utside carparate limits, write RU	RAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, graph Institution Trince George's Gene	ve street address)	4 STREET ADDRESS 4536 Banne:	r	e. IS RESIDENCE OM A FARM? YES NO
NAME OF DECEASED (Type or print) Robert		Triplett	4. DATE Month	
SEX 6. COLOR OR RACE C	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	June 17, 18	Land Mark A Committee of the Committee o	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
do USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) La borer	U.S. Navy Yards	Richardsvi		U. S. A.
Frank Triplette		14. MOTHER'S MAIDEN N Fannie		
(If yes, give war or dates of se	Inting	Mr. Warrenton	Addre Triplett Marti	Dai oo. Tu.
Conditions, if any, which gave rise to immediate couse (a), stoting the understying couse last. PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Chronic of the put of		dynemal NAPOISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [] NO []
	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yea Hour a. jr. p. m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that attended the alive on 12 9	deceased from, 12/9		1 A	that I last saw the deceased on the date stated above
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Kelne	M.D		ora) Date stoke
SIGNATURE /		M.D	22d LOCATION (City. town, or Washington,	county) (State)

DECENAL DE

MIREAU V. S.

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12870	CERTIFICATE	OF	DEATH	

12850

					Re	g. Dist. No.	147
1. PLACE OF DEATH o, COUNTY			2. USUAL RESIDENC	E (Where deceased in	red. If institutions R	esidence before	odmission)
Prince Georges		MARYLAND	Md The Md	•	b. COUNTY P	rinces	Georges
b. CITY OR TOWN (If autside corporate RURAL and give nearest town)	limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate			st fown)
Cottage City			Cottes	e City		'at	
d. NAME OF HOSPITAL (If not in hospit	al, give street addr	ess)	d. STREET ADDRE			/ 0.	IS RESIDENCE
1107 Shepherd	Street		4107 S	hepherd	Street		ON A FARM? YES NO DE
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
	William	C.	Tyre		12	23	1956
5. SEX 6. COLOR OR RA	CE 7. MARRIEDS	NEVER MARRIED	8. DATE OF SIRTH	9	AGE (In years IF U	INDER I YEAR IF	
male whit	WIDOWED [DIVORCED [10/12/18	86	orthday) Mo	nths Doys 1	Hours Min
100 USUAL OCCUPATION (Give kind of w	ork done 10b. IIINI	D OF BUSINESS OR INC	DUMRY 11. SIRTHPLACE (State or foreign count	(ry) 1	2. CITIZEN OF	WHAT COUNTRY?
Commercial Empl	wment	Agency	Penns	ylvania		Π.	S. A.
13. FATHER'S NAME		80000	14 MOTHER'S MAIL		I.	-	
William Tyrea			unk	nown			
15 WAS DECEASED EVER IN U. S. ARMED	FORCESS IN SOC	IAL SECURITY NO. 17.	INFORMANT		Address		
(Yes, no, or unknown) (If yes, give wor or date		3-342-419	Mrs. Glad	vs E. Tv	rea-410	7 Shank	42 6
	— — — — — — — — — — — — — — — — — — —	777	TITE G LAG	ys y		M-I	nerd St.
18. CAUSE OF DEATH [Enter only on		r (0), (b), ond (c).]	7	outlag	e vity,	- A I DALEXA	VAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	E (o) CC	me.	proud	14 (0)	cclus	w	12-23 5
400.0 000	10	0	0 1		1 1		
Conditions, if ony, which	(b) OKIL	enin 20	Veresta	- He	and Oles	cease	
gave rise to immediate (cause (a), stating the under-	10	(1					
lying cause last.	(c)	-phy	elema		/		
PART II. OTHER SIGNIFICANT	ONDITIONS CONT	TRIBUTING TO DEAT B	UT NOT RELATED TO THE	FERMINAL DISEASE CO	ONDITION GIVEN I	N PART 1(a) 19.	WAS AUTOPSY
PART II. OTHER SIGNIFICANT O							PERFORMED?
200 ACCIDENT WAS UNDERLYING T	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature of injur	ry in Part I or Part II :	of item 18.1		DE HOLL
OR CONTRIBUTING CAUSE OF DEA	ATH ERN			,			
		Y OCCURRED 20e.	PLACE OF INJURY (Home,	5 1005 ACT	4- 1	45	
20c. TIME OF INJURY Month, Day, Haur a. p.,	While	Not while	factory, street, affice bldg	, elc.)	townj	(County)	(State)
p. m.	at work [ot work		<u> </u>			
21. I certify that I attended	the deceased f	fram 12 - 1	1256, la	/2-23	195 Eth	at I last saw	the deceased
alive on 12/22	157	, and that dea	th accurred at 5	M. from t	he causes and	on the date	stated above
	6 1/	,			, city or town, state		DATE SIGNED
SIGNATURE 1349	1 das	reage	w 37/7.	-3841	1.0	1)	- 77 - 17
, ,	1		_m.v	and the state of t			
PHYSICIAN'S NAME (Type) GOODE J	Надава	7.0					
220. BURIAL, CREMATION, 22b. DATE THE		L NAME OF CEMETERY	OR CREMATORY	22 1001	15.		
REMOYAL (Specify)	4.4.4				(City, town, or co		(Stote)
BUTIAL 112/26	<u> </u>		oln Cemete				Md.
	-2901	ADDRESS	W. DEC	REC'D BY REGISTRAR	24b. REGISTRAI	S SIGNATURE	
1110 0411411100 00	- Was	14thtSt; B	DAT	6 6 1 100	1 lanks	ili Can	the V.

DECEINED.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12815 Reg. Dist. No. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY o STATE COUNTY // MARYLAND b. CITY OR TOWN (If outside corporate limits, writec CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ğ é. LENGTH OF STAY IN 15 RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION (YES NO puo .5 NAME OF first Middle 4. DATE Last Year Month DECEASED (Type ar print) DEATH 19 5. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months 1 1 WIDOWED | DIVORCED YT1 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. Address tending 18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO any Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🎮 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 26d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hoer 0. ft. While Not while of work of wark p. m. 21. I certify that I attended the deceased from. to____, 19___, that I last saw the deceased and that death occurred at 6/2 M, from the causes and on the date stated above. det ADDRESS [Street, city or town, state] DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DAJE THEREOF 22c-NAME OF CEMETERY OR CREMATORY 22d LOCATION (City/town, or comment poge SEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE 15M 9/55 DATE



 12852 ± 1 CERTIFICATE OF DEATH Rea. Dist. No director. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filed MARYLAND era b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN_(If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D adulite ton d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 1915 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours DIVORCED [7] WIDOWED 17 yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? edith during most of working life, even if retired) CUSE W. ŏ ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per Jing for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY WIC IMMEDIATE CAUSE (O) **DUE TO** Conditions, If any, which ! gove rise to immediate **DUE TO** cosse (a), stating the under-ENER ALIZED lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Day, Year 20d. INJURY OCCURRED [County] (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not while at work | at work p. m. 19 36 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at M, from the causes and an the date stated above. ACTUAL å shauld PHYSICIAN'S NAME (Type) BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or spunty) E.S. (Stote) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

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hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY **b.** COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (If oulside corporate finals, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dead on arriva Cheverly Camp Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5502 Davis Bouleverd YES NO NAME OF DATE Day Month Year DECEASED 28 (Type ar print) Vedder Folk Watson DEATH 19 56 December 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 6. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Male White WIDOWED | DIVORCED . November yrs. 10a, USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or toreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CH U. S. A. U. S. Navy Yard Tennessee Machinist 5 may be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peters Samuel Watson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Imogene Watson, same as # 2 נבשש Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Acute congestive heart failure PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Canditions, if any, which gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED YES T NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I of item 18.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) 0 0 While Not while at work at work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry death resulted from: Natural causes , Accident . Suicide . Homicide . Undetermined couse . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE Forwards FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S cute the December 28. DEPUTY MEDICAL EXAMINER TO NAME (Type) James I. BURNAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCALION (City, town, or county) _(Slote) MOVAL (Specify 0 23. BUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CV CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY STATE **6. COUNTY** MARYLAND b. CITY OR TOWN Of outside cornerate limits, write CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negresi towns Hillerest Reights d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? t Hets J YES 7 NO . 3 NAME OF First Lost 4. DATE Day Year DECEASED Pa OF 195 (Type or print) DEATH 5 SEX 6 COLOR OF PACE 7. MARRIED A NEVER MARRIED 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B DATE OF SIRTH Months Days Hours DIVORCED [WIDOWED [7] USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? foreign country) during most of working-frie, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN Addne guipu 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Ö. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) J. mor **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [7] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg , etc.) o. n. While Not while al work of work 21. I certify that I attended the deceased from 19.56 that I last saw the deceased 20 30 and that death occurred at. 7 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S cann NAME (Type) oy be r 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/town, or county) REMOVAL (Specify) 0 2 23. SUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4]

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH il director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institutions, Rejudence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND erol b CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN HE outside corporate limits, write RURAL and give negrest town) è RURAt-and give nearest fown) D d. NAME OF HOSPITAL (If out in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE BR INSTITUTION ON A FARM? 1120-YES NO T . 9 NAME OF Middle 4. DATE Lost Day Yeor DECEASED (Type or print) Conrad DEATH CO-211 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months may Hours WIDOWED | DIVORCED | O yrs. 10o. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ond Plumber (rtd) i/ld. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August F. Werner Fredericka -15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Marian W. Schmitz - 1017 E. Balto. St. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 10 genre DUE TO ል Conditions, if any, which gued gove rise to immediate **DUE TO** Per couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY burial-tr PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) a. n. While Not while at work of work p. m. 21. I certify that I attended the deceased from _____ ... 19 57 that I last saw the deceased to 13- - MM, fram the causes and on the date stated above. ... and/that death occurred at d by the lector: DATE SIGNED ACTUAL SIGNATURE 9 PHYSICIAN'S NAME [Type] may be r FUNERA co 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) pode REMOVAL (Specify) buria Draid Ridge Cem Pikesville. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CA 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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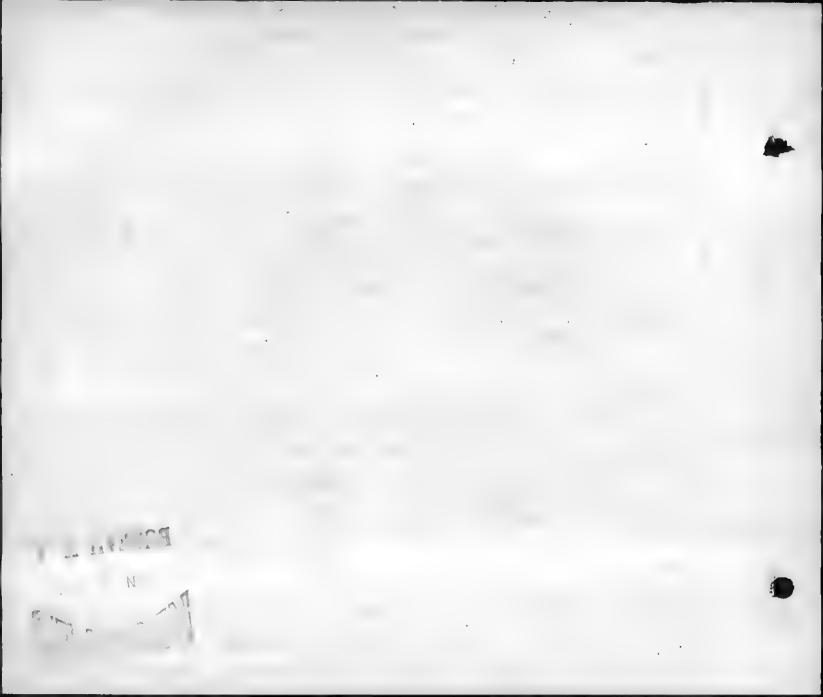
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,	1. (PLACE OF DEATH 1. COUNTY 1. NCE GEOFGE SMARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE n. COUNTY D. COUNTY
1		C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town)
		or institutions of the more in hospital, give street address) OR INSTITUTION A TRANSPORT I A 1 1 + 5 p. 6113-43rd are. e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
		NAME OF DECEASED (Type or print) Frish S. Westman Death 12 - 26 19 50
	5. 5	WIBOWED DIVORCED 6/1/1886 Jos bythday) Manths Days Haurs Min
1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY of the cou
1	13	FATHER'S NAME (14/MOTHER'S MAIDEN NAME LINKSOWN
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT One of unknown) (If yet give wor or dates of service) To S P. VECOVAS
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL (NFARCTION) INTERVAL RETWEEN ONSET AND DEATH 15 DAY
		Conditions, if ony, which gove rise to immediate DUE TO DUE TO DUE TO GEN. ARTERIOSCLEROSCS 15 YRS
	×	Course (a), stating the under: DUE TO Lying course last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATIC	CEREBROVASCULAR ACCIDENT PERFORMED? YES \(\subseteq \text{NO BY}
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Not while at work at wor
		21. I certify that I attended the deceased from. I DEC., 1950, to 26 DEC., 1950, that I last saw the decease
		alive on 12 DEC, and that death occurred at 11 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
		SIGNATURE Townson M.D. Rorendale md
١		PHYSICIAN'S NAME (Type)
	no	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, og.county) SEMOVAL (Specify) 12/29/56 LIC Evachanglor Styletter Like, 22d
	23. Z	FLINERAL DIRECTOR'S SIGNATURE ADDRESS: 1240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LINERAL DIRECTOR'S SIGNATURE PLANERAL DIRECTOR'S SIGNATURE LINERAL DIRECTOR'S SIGNATURE ADDRESS: 1240 REC'D BY REGISTRAR'S SIGNATURE LINERAL DIRECTOR'S SIGNATURE ADDRESS: 1240 REC'D BY REGISTRAR'S SIGNATURE LINERAL DIRECTOR'S SIGNATURE ADDRESS: 1240 REC'D BY REGISTRAR'S SIGNATURE ADDRESS: 1240 REC'D BY REC'D BY REGISTRAR'S SIGNATURE ADDRESS: 1240 REC'D BY REC'D BY REC'D BY REC'D

1 = TO HOSTILL OR NITENDING CHYSTIAN: The low requires that the death certificate be Executed within 21 hours after death. Page 4 may be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a may should be filed with the registrar prior to burial, cremation, ar remayal, and may event within 72 haurs affer death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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- Dilea	N.F.				

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I. PLACE OF DEATH					2. USUAL RESIDENCE	Where deced			ce before o	dmission)
	rince Georg	es	MARYL	AND	o. STATE Mary	yland	b. COUNT	Pr.	Geo.	
b. CITY OR TOWN (I	Loutside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (If outside co	rporate limits, write	RURAL and	give neorest	town)
Glendale			1 month		× Gler	ndale				
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pitat, give street address)		d. STREET ADDRESS					RESIDENCE
North	ern Avenue				Nort	thern .	Avenue			□ NO 10
3. NAME OF DECEASED	Fir	n†	Middle		Lost	4. DATE OF	Mont	h	Day	Year
(Type or print)	Walter				Weolard	DEATH	Dec.	13,		19 56
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years			HDER 24 HRS.
Male	White	WIDOWED	DIVORCED [3	Jan. 21, 19	902	54 yrs.	Months D	ays Hou	m Min.
10a. USUAL OCCUPATIO	ON (G've kind of warking life, even if retired)	dane 10b. K	IND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (State	e ar foreign	country)	12 CITIZI	EN OF WH	AT COUNTRY
Salesman	ng ma, aron n ramac,	J	ownity		Virginia	B		U	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Jame	s T. Woolar	rd.			Jose	phine				
15 WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.		FORMANT	_	3 Falling		Circ	le,
	And Both with ou shilling of			Re	se Humphrey	y, Ric	hmond, Va	le .		
18. CAUSE OF DEA	TH (Enter only one cau	se per line i	for (a), (b), and (c),]						INTERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	As	phyxia		-				ONSET AND	DEATH
8180	9 DUE TO									
Conditions, if o	1	Ca	arbon monox	id€						
gave rise to imme	diate couse									
(a), stating the couse lost.	Underlying (c)									
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	8UT NO	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART	l(a) 19, WA	S AUTOPSY
ATIO									YES F	FORMED?
PART II. OTH	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	ED. (En	ter nature of injury in Po	rt I or Part I	l of item 18.)		-	
	RY Month, Day, Yea	r 20d ti	NJURY OCCURRED 200.	. PLACE	OF INIURY (Hame for	m 1206 (Cit	v or town)	(Coun	eu)	(State)
20c. TIME OF INJUI	19	While		factor	y, street, affice bldg., etc	.)	y or 10 mg	(Coun	· H	(2,0,0)
21. I certify th	nat i toak charge	of the r	emains described	abav	e, held an Autop	sy en;	nspection 📆,	Inquiry	T, and	d find that
death resulted	fram: Natural	causes [, Accident ,	Svici	de 🔲, Hamicid	e 🔲, U	ndetermined o	ause 🔲.		
(7 /	44.0	Λ							
SIGNATURE	John 7.	YY	ilones-		M.D. CHIEF MEDICAL E	XAMINER _]		DAT	E SIGNED
			1		ASSISTANT MEDIC	CAL EXAMIN	ER 🔲			
EXAMINER'S (AND NAME (Type)	ohn T. Male	oney,	M.D. (DEPUTY MEDICAL	EXAMINER	12-1	14-56		
220. BUR AL, CREMATIC REMOVAL (Specify)	12/18/30	F	22c. NAME OF CEMETER				TION (City, fown, on ten Va		(5)	(ote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			'D BY REGIS		STRAR'S SIGN	IATURE	,
AT a Tel	cn's Son	s aly	ttsville,	id.	DONTE	911	77	1 7		2
					The Circl *	// 4		·//	to d	7

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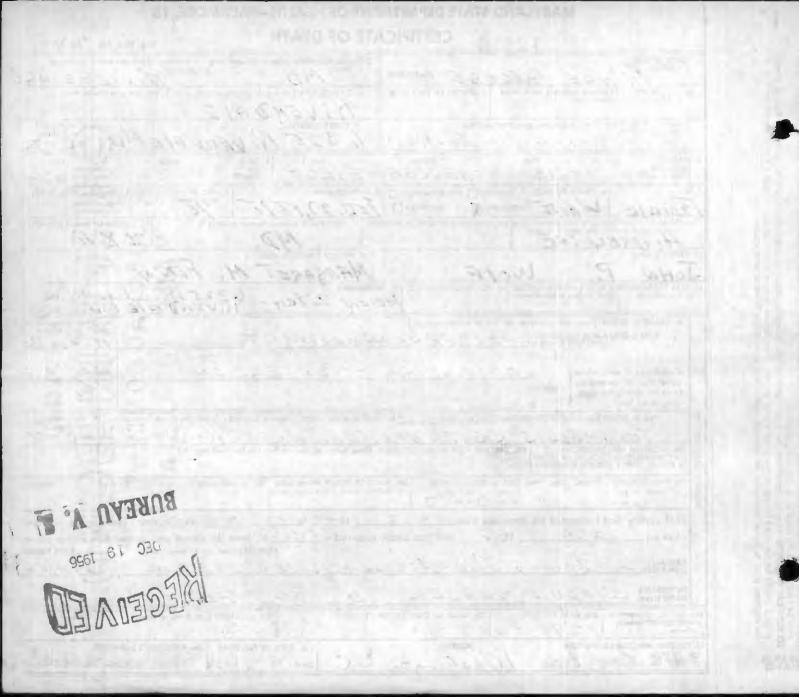
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 128612875 **CERTIFICATE OF DEATH** Reg. Dist. No I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate lights, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) 70 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 805-YES NO . 9 NAME OF First Middle 4. DATE Month Yeor DECEASED UNG (Type or print) DEATH 195 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED 9 AGE (In years last birthday) Months Days WIDOWED TO DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRE 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NOV 17. INFORMANT Address Pos guipi 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL PETWEEN ONSET AND DEATH TO, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o 420.0 **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost PARE H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO II 200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or fown) Ocy, Year 20d INJURY OCCURRED (County) (State) Hour o. fr. factory, street, office blda., etc.) While Not while ot work 🔲 at work 21. I certify that I attended the deceased from 19 V.C. that I last saw the deceased and that death accurred at ... M, fram the causes and an the date stated above. CTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 4000 SIGNATUR PHYSICIAN'S NAME (Type) FUNE 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORS 22d. LOCATION (City, town, or county) pode (Stote) TEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR VS A15 (4) DATI 15M 9/55

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IAL ATTENDING PHTSICIAN: The low requires that the death certifi	retain 5y the haspital ar attending physician.	LAL DIRECTOR: After this certificate has been signed by the attending phy	should be detached for use as the burial-transit permit. Then please rema

12822 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland b. COUNTY MARYLAND Prince George Prince George b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cheverly davs East Riverdale Md d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General Hospital YES NO D Yeor 6 NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) DEATH Josephine Zmavuski 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Female White WIDOWED [7] DIVORCED [YIL. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Lithmania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Sereika IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO unknown 5509-59th Ave. East Joseph J. Zane None Piverdele Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Exicoday 442× DUE TO marleratic cardiomascular plant Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? YES NO. 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 12)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or Iown) (Caunty) (State) factory, street, office bldg., etc.) g. m. While Not while al work at work p. m 1956 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2:00 M, from the causes and on the date stated above. alive on___ ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE PRIKA PHYSICIAN'S NAME (Type) TO FUNERA poge 3 sh the registr 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Dec. 18. 56 Ft. Lincoln Bladensburg Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chambers Co. VS A15 (4) 15M 9/55 DATE DEC 19 56

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

